

**EMPLOYMENT, INCOME AND CONDITIONS OF WORK AND LIFE OF NURSES :**

**A Study of an Urban Working Group in Lucknow**

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## Preface

The present study on Employment, Income and Condition of work and Life of Nurses is an attempt to look at certain aspects of nursing as an occupational group and as an important avenue of employment for women. It portrays the conditions of work and life of nurses and also attempts to examine certain proposition concerning choice of occupation and supply of labour to nursing occupation as also the status of nurses as working women in the family and society. The study is based on a sample survey among nurses in Lucknow city.

I am grateful to the Indian Council of Social Science Research, New Delhi for awarding me a Post-Doctoral Fellowship to carry out the present study. The credit for initiating me in this field primarily goes to Dr. RS Mathur of Economics Department, Lucknow University, Lucknow (not only suggested it as an interesting area of study but also helped in the formulation of the problem and in finalising the study.

During the course of this study I had the benefit of cooperation and facilities from the Giri Institute of Development Studies with which I was associated for my Fellowship. I am extremely grateful to Dr. TS Papola, Director of the Institute and to Mr. A. Joshi for giving their valuable suggestions regarding the analyses and format of this study. Thanks are also due to Miss Kavita Agrawal, Librarian for making available references and material required at various stages of the study.

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## CHAPTER I

### Introduction

Nursing is a predominantly female occupation. It, therefore, derives its characteristics from its status in the occupational hierarchy as well as from its being one of the important avenues for employment of women. In both these respects, it has evoked mixed and varied kinds of images and reactions. As an occupation it has been hailed and idolized as a noble profession. The name of Florence Nightingale evokes not merely the image of <sup>an</sup> ideal nurse but also of an ideal human being. Care of the sick entails sacrifice of the self and therefore, invites awe and respect for those engaged in it. At the same time, nursing has not attained a very high status in the hierarchy of occupations materially and socially. Besides being a service only secondary and ancillary to the profession of medicine proper, practised by doctors, the material benefit that it fetches are rather low and the societal valuation of nursing is not always positive. There is a deep sense of status deprivation among the nurses in general. The nature of work they perform is not always considered clean as they handle the polluting objects while <sup>caring</sup> ~~caring~~ for the sick. What is much more damaging to their status and image is the fact that as an occupation nursing requires the women to spend a large part of their time out of homes, mix with males both doctors and

patients, and have to remain spouseless quite often, and as a result, gives rise to certain misgiving regarding the sexual behaviour of nurses even to the extent of misunderstanding them as immoral women.

As an important source of women employment, nursing can be looked upon as an avenue for the economic independence and social emancipation of women. The fact that it is one of a few white collar occupations providing employment to women in large numbers should go to support the contention regarding economic independence. How far this could be achieved, however, depends on the position of nurses' emoluments in the occupational salary structure, on the one hand, and structure of earnings of the members of their families. But whether the employment and earning status of women as nurses, in fact, brings them a higher status in the family and in the society is primarily a function of the nature of social structure in terms of the valuation of the role of women in family and society, and the societal values in relation to the nursing occupation. It could be hypothesised that if nursing brought the desired economic benefits, higher status in the family and social emancipation, it should have attracted women from socially and economically better off sections of the society, at least as much as from the economically and socially disadvantaged groups. The general observation that the nurses came mainly from the

latter group suggests that the occupation is more often taken due to non-availability of other alternatives rather than as a matter of choice.

Thus the nursing occupation seems to be hanging in precarious balance between its idolised image as a noble profession on the one hand and a disadvantaged social image on the other. The conflict is likely to be more acute between the two images in India. On the one hand the tradition of eulogising the virtues of sacrifice and 'service before self' has been very deep rooted in the past history of the country. On the other hand, the social structure and values have been highly rigid in relation to the role of women as workers outside the household. Modern nursing as an occupation is about a hundred years old, starting with Kashi Bai Ganpat who was the first woman to be trained as a nurse in 1881 in Bombay. Although women started taking training as nurses on a larger scale since 1910 when the Bombay Presidency Nursing Association was formed, and of late a large number of women are found working out of household on a paid job, the social values towards working women, particularly towards nurses, are still not very positive and favourable.

#### The Present Study : Objectives and Issues

The propositions made in the above paragraphs are primarily based on the general observations and limited evidence that is available on the basis of a very few studies attempted



in the past.<sup>1</sup> It is therefore worthwhile to examine them closely on the basis <sup>of</sup> somewhat detailed investigation with <sup>into</sup> the working and living conditions of nurses, from the view-<sup>✓</sup> point of enhancing our understanding of nursing as a profession and nurses as a socio-economic group. Yet not many attempts seem to have been made to study nursing and nurses either from the viewpoint of testing and advancing certain crucial propositions of interest in social sciences, or from that of studying the problem with a view to suggesting improvements. An attempt is, therefore, made in the present study to investigate into the various facets of the life of nurses with a view both of portraying the aspects of their work and life, and of examining certain propositions relating to their motivations, in choice of occupation, job commitment, relationship between work and family variables and their status in the family and society.

The major aspects covered in the present study include the demographic and socio-economic background of the nurses, structure of nursing occupation in terms of jobs, their hierarchy and contents, factors determining the choice of occupation, conditions of work and relationships with hospital

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<sup>1</sup>eg. Oommen, T.K., Doctors and Nurses : A Study in Occupational Role Structures, MacMillan, New Delhi, 1978 and Ramanaamma, A and Bambawale, U., Nurses : A Sociological Survey, University of Poona, Monograph, 1979.

management and administration, levels and structure of earnings, household consumption and levels of living and status in the family and neighbourhood. Some of the specific issues that we have endeavoured to examine are as follows :

To what extent nursing is taken up as a matter of deliberate choice due to its noble character<sup>e</sup>, opportunity of service it provides or good earning and employment conditions that it entails; and to what extent the girls are thrown into this occupation as a result of adverse circumstances? Does the nursing occupation seriously come in the way of leading a normal conjugal life, either because of the devotion and commitment it requires or because of the inability of nurses to find suitable spouses on account of societal image of the nursing occupation? What kind of career advancement opportunities are provided by the nursing occupation? To what extent the salary pattern and career prospects are such as, would attract talented and promising women to this profession? What position and status the nurses have in the medical community and hospital organisation? Does their profession handicap or facilitates the achievement of a better status in the society? What status advancement takes place for them in the family due to their employment? And could it have been different if they were working out in some other occupation?

### Coverage and Methodology

To study the various aspects of the work and life of nurses and examine the above and related questions we decided to undertake a survey among the nurses in hospitals in Lucknow city. Given the constraints of time and the resources required for the detailed investigation as planned, it was not possible to cover a very large sample. It was, therefore, decided to cover a sample of 200 nurses spread among different kinds of hospitals, in terms of size and management. The four hospitals that were selected for this purpose are Gandhi Memorial and Associated Hospitals (KGMC), Balrampur Hospital, Fatima Hospital and Vivekanand Polyclinic. Of these, the first two hospitals, Gandhi Memorial and Associated Hospitals and Balrampur, are public hospitals, the former is associated with and located within the Medical College and is the largest hospital in the city, and the latter is the next biggest hospital in the city managed by the Medical and Health Department of the State Government. The other two hospitals are run by Voluntary Organisations; Fatima by a Christian Mission and Vivekanand Polyclinic by Ramakrishna Mission. These are rather smaller in size though well equipped.

By and large the number of nurses covered in the sample from each hospital is large or small in proportion to the size of nursing staff in respective hospitals (Table I : 1). But



strict proportions could not be maintained due to certain practical difficulties experienced in the course of field investigation.

**Table I : 1**

**Number of Nurses and the Sample in Selected Hospitals**

<b>Hospital</b>	<b>Total Number of Nurses on Staff</b>	<b>Nurses Sele- cted in the Sample</b>
Gandhi Memorial and Asso- ciated Hospitals (KMC)	377	90
Balrampur Hospital	285	55
Fatima Hospital	55	30
Vivekanand Polyclinic	45	25
<b>Total</b>	<b>762</b>	<b>200</b>

Data on various aspects of the work and life of nurses used in the subsequent chapters of this study were collected from the sample nurses, by the author personally by interviewing them with the help of a structured questionnaire (Appendix). It was not always easy to contact the respondents, or then, to elicit requisite information from them. In one case, the hospital management was not very cooperative and only reluctantly allowed us to interview a given number of nurses chosen by it. In most cases the availability of time with the respondents was a problem. Interviewing them while on duty was

not practical, and questioning them during their leisure after long hours of tiring duties, was not a very welcome idea for them. In the case of one hospital only stereotyped and rather unrevealing responses, particularly in relation to condition of work, were received due to the apprehension that the management may not like their giving details. In some cases where the respondents had strained relations with their families or were separated from them, it was rather difficult to elicit details on the part of the questionnaire relating to the family structure.

The information collected from the 200 finally contacted nurses, their hospitals and secondary sources has been organised, analysed and presented in the following five chapters. Chapter II provides information on the socio-economic background of nurses; chapter III deals with the reasons for choice of nursing occupation; and the evaluation of the choice in retrospect in the context of given emoluments, career prospects and working conditions. Chapter IV gives details of the staff relations and grievances of nurses; chapter V deals with family structure and level of living and chapter VI analyses the issue of the status of nurses in the household and society. The last chapter summarises the major findings of the study and derives certain conclusions for analysis and policy.

## CHAPTER II

### Socio-Economic Background of Nurses

#### Categories of Respondents

The nurses working in the hospitals of Lucknow are usually designated by the following eight categories.

(i) Matron : She looks after the entire nursing staff from the point of view of assignment of duties, lecture schedules and the maintenance of discipline in the hospital. Obviously, she is the senior most among the nursing staff and has put in a minimum of twenty to twenty five years of service during which period she has added to her qualifications as well by passing various examinations.

(ii) Ward Master : His basic duties like those <sup>of</sup> his female counterparts <sup>are</sup> to take care of the patients particularly the male patients who are unmanageable as far as the female nurses are concerned. Moreover there are some locations where female nurses are not very willing to go on the grounds of insecurity. The hospitals in these areas, therefore, rely heavily on the services of the Ward Masters.

(iii) Sister Incharge : She is the senior most sister attached to a particular ward. As a result of this she has to shoulder the responsibility of the entire ward and has, therefore, to ensure that proper care of the patients is being taken; to

keep the various records of the ward; keep track of the stocks of medicines and of the other assets of the ward like clothing and medical equipment.

(iv) Sister : She comes directly under the sister incharge and performs duties as outlined by the sister incharge which may include giving medicines to patients and keeping a record of their temperature etc.

(v) Home Sister : Besides her normal duties in the hospital the home sister looks after the hostel, mess and keeps a record of the rations etc. as also monthly mess payments from the various members of the hostel.

(vi) Staff : Her position is that between the sister incharge and the sister, she relieves the sister incharge of some of her duties and takes care particularly of the serious patients in the ward. Moreover, the staff nurse also has the added responsibility to assist the surgeons in performing various operations.

(vi) Trainees : Their parallel can be found in those doctors who have only just qualified as doctors and have to take training as in-terms before they are given full-fledged responsibilities as doctors. Usually their training periods is for six months.

(viii) Students : As the name itself suggests, they are students undergoing the General Nursing Training, whose duration is three years. They keep having practical experience of nursing



along with the theoretical knowledge which is imparted in the course of their training period.

It is noticed that the structure differs from hospital to hospital. This is so because of differences in practice in each hospital (Table II : 1). As a result we find that the category of staff nurse is not found in the Fatima Hospital.

Table II : 1

**Categorywise Distribution of Nurses**

Categories of Nurses	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Hospital	Total
Matron	1	1	1	1	4
Ward Master	6	2	-	-	8
Sister Incharge	10	4	4	-	18
Sister	17	10	3	16	46
Home Sister	5	1	1	1	8
Staff	35	11	-	2	48
Student	8	19	13	2	42
Trainee	8	7	8	1	24
<b>Total</b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>

However, the category of Ward Master exists even in the Fatima Hospital as well as the Vivekanand Polyclinic although they have not been included in the sample since they were not easily available for interview. In any case the recent trend has been

to stop the recruitment of ward masters any further. There is a growing resentment against this policy of the State Government because ward masters have had an important role to play not merely in the hospitals in general but also because their services are most essential in those districts where female nurses are not easily willing to go on grounds of personal insecurity.

Thus in Table II : 1 we find that nursing staff in each hospital is headed by a Matron while the bulk of the working staff is in the form of staff nurses and sisters accounting for 48 per cent of the total respondents. Students and trainees constitute 33 per cent of our total sample. Ward Master category was limited to only the KG Medical College and Balrampur Hospital. The numbers of sister incharge again was limited since their number is dependent on the number of wards existing per hospital. Same was the case with the Home Sisters.

#### Age and Marital Status

Around half of the nurses (45.5 per cent) were found to be in the age group of 25 - 34 years while the age group 35 - 44 years claimed the next highest percentage of 25.5. Sixteen per cent nurses were below 25 years and mainly constituted those that were students and trainees and 9 per cent were aged 45 years or above (Table II : 2).

**Table II : 2**  
**Age and Marital Status**

Hospital	Marital Status				Total
	Married	Unmarried	Divorced	Widow	
<u>Medical College</u>	<u>40</u>	<u>45</u>	<u>3</u>	<u>2</u>	<u>90</u>
<u>Age Groups</u>					
Below 25 years	-	22	-	-	22
25 - 34 years	3	23	-	-	26
35 - 44 years	28	-	3	-	31
45 and above	9	-	-	2	11
<u>Balrampur Hospital</u>	<u>31</u>	<u>20</u>	<u>2</u>	<u>2</u>	<u>55</u>
<u>Age Groups</u>					
Below 25 years	-	8	-	-	8
25 - 34 years	9	12	-	-	21
35 - 44 years	16	-	1	2	19
45 and above	6	0	1	0	7
<u>Fatima Hospital</u>	<u>1</u>	<u>29</u>	<u>-</u>	<u>-</u>	<u>30</u>
<u>Age Groups</u>					
Below 25 years	-	-	-	-	-
25 - 34 years	-	29	-	-	29
35 - 44 years	1	-	-	-	1
45 and above	-	-	-	-	-
<u>Vivekanand Poly-clinic</u>	<u>2</u>	<u>16</u>	<u>-</u>	<u>-</u>	<u>22</u>
<u>Age Groups</u>					
Below 25 years	-	2	-	-	2
25 - 34 years	9	14	-	-	23
35 - 44 years	-	-	-	-	-
45 and above	-	-	-	-	-
<u>All Hospitals Total</u>	<u>81</u>	<u>110</u>	<u>2</u>	<u>4</u>	<u>200</u>
<u>Age Groups</u>					
Below 25 years	-	32	-	-	32
25 - 34 years	21	78	-	-	99
35 - 44 years	45	-	4	2	51
45 and above	15	-	1	2	18



The age structure of the sample, however, varied significantly among hospitals. In the Medical College around 56 per cent of the nurses were in the age group 35 - 44 years and 40 per cent below 25 years of age. In Fatima Hospital 29 out of 30 and in Vivekanand Polyclinic 23 out of 25 nurses were found to be in the age group 25 - 34 years. Those below 25 years, however, constituted a sizeable group in the Medical College and to a certain extent in the Balrampur Hospital. This is primarily on account of the presence of student and trainee nurses in these hospitals where training is also an important part of the hospital's work. Otherwise 75 per cent of the total respondents were in the age group 25 - 44 years.

Yet one finds that only 40.5 per cent of the respondents were married; 55 per cent had never married while 2 per cent each were in the category of widowed and divorced. None of the 16 per cent nurses, who were in the age group below 25 years <sup>was</sup> were married. But even those who were in the age group 25 - 34 years only 20 per cent were married. In the older age group, none was in the category of never married but around 14 per cent were widows or divorcees. The proportion of married nurses was found highest in the Balrampur Hospital at 56 per cent followed by 44 per cent in the Medical College; whereas it was 33 per cent in the Fatima Hospital and 36 per cent in Vivekanand Polyclinic.

The basic reason for such a high percentage of unmarried nurses can be related partly to the demands of the profession. Nurses have a rather busy schedule which includes an eight hour day duty or a night duty of twelve hours. Moreover, they have to undergo various trainings from time to time which keeps them further occupied, for training means hard labour by way of studies. On account of these professional hazards it may be possible that the nurses willingly postpone the age of marriage. Alongwith this is the fact that one's married family life also demands certain responsibilities which cannot be overlooked and any conscientious person can find it very difficult to give proper attention on the domestic front and the hospital simultaneously.

The second major reason for the high percentage of unmarried nurses is the non-availability of suitable matches for the nurses. The social system existent in the present set up is such that while the nursing profession by itself may be considered of a very noble nature yet the attitude of men towards marriage with nurses is not highly favourable. A person coming from the upper middle class will be rather reluctant to accept a nurse for a wife. Moreover over 50 per cent of our respondents are from Uttar Pradesh where the demands for dowry is rather high particularly if the boy concerned is better placed. It is not possible, therefore, for the parents to be able to meet these demands and as a result we find the girls taking up to this profession remain unmarried. Besides

this major factor we have another 35 per cent nurses who belong to Kerala where, as it is, the male-female ratio is adverse. Again most of the<sup>w</sup> are Christians and find it difficult to get suitable spouses within <sup>their</sup> other community while intercaste marriages are still rare.

Divorcees and widows are in the most pitiable situation in so far as they have double roles, that of the head of the household and that of their employment, to perform. They have no other earning members in the family and have to look after their children. It was found that none of the divorcees had any alimony or compensation from their ex-husbands. Widows, on the other hand, have to look after not only their children but also their in-laws in case they are very old. Their earnings are not generally sufficient to support their families. Besides financial problems, the widows and divorcees have also to face certain social and psychological problems. Most often widows do not get good treatment from the families of the deceased husbands even if they are earning and supporting the family. Divorcees face a peculiarly difficult psychological strain when their children also divide between them and their ex-husbands. Husbands are found to neglect the children and take the earliest opportunity to remarry. In one case the new wife also had children, and therefore, the child of the divorcee respondent got neglected. She, therefore, wanted to take back the child from her ex-husband. This was the case of a Muslim nurse.



Place of Origin

Table II : 3 presents the distribution of the sample by state of their origin. It is found that the two states of Uttar Pradesh and Kerala together account for 87 per cent of the nurses in the sample. Uttar Pradesh naturally accounts for the largest number, 51.5 per cent, but it is interesting to note that a distant state like Kerala accounts for as high as 35.5 per cent of the nurses in the hospitals of Lucknow. The neighbouring states like Bihar and Madhya Pradesh do not account for even five per cent each. In fact in one hospital, viz. Fatima, 29 nurses out of the 30 nurses in the sample belonged to Kerala. In the Vivekanand Polyclinic also the percentage of nurses from Kerala was quite high (48 per cent).

Table II : 3Native Place

Native Place	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
Uttar Pradesh	60	37	6	6	103
Kerala	19	11	29	12	71
West Bengal	1	-	1	3	5
Bihar	4	2	-	-	6
Madhya Pradesh	3	2	-	4	9
Others	3	3	-	-	6
<b>Total</b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>
City	52	33	6	11	102
Town	8	3	2	3	16
Village	30	19	22	11	82
<b>Total</b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>

On the other hand, the two government hospitals, Medical College and Balrampur Hospital each have two-thirds of the nurses from Uttar Pradesh and 20 per cent each from Kerala.

It looks that the nurses from Kerala are more often from rural areas than those from Uttar Pradesh. While in the entire sample, only 41 per cent of them are from rural areas and 59 per cent are from urban areas, 44 per cent of the nurses in Vivekanand Polyclinic and 73 per cent of them in Fatima Hospital come from villages. Nurses with rural background formed around one-third of the total in Medical College and Balrampur Hospital. It looks that levels of education are relatively higher and attitude to work outside home more positive in the case of women in the rural areas of Kerala than in Uttar Pradesh. There has also been a tradition of taking up nursing occupation among girls in Kerala particularly in the Christian community. That is why we find a majority of nurses in the hospitals run by Missionaries, even in Uttar Pradesh, coming from Kerala.

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### Education

All the nurses in our sample have had education at least upto High School/SSLC, for it is the minimum educational requirement for training as nurses (Table II : 4). But 31.5 per cent have acquired higher than minimum educational levels : 22.5 per cent have passed Intermediate examination, 7 per cent have completed graduation while 2 per cent are post-graduates as well. There

is little difference in the pattern of education of nurses in different hospitals except that all but one in Fatima Hospital has only the minimum education (High School/SSLC); 13 out of the 18 graduates and post-graduates are to be found in KG Medical College alone, and those having passed Intermediate examination form a larger than average proportion in Vivekanand (36 percent) and Balrampur Hospital (30 per cent).

Table II : 4  
General Education

Hospital	H.S./ SSLC	Inter- mediate	B.A./ B.Sc.	M.A./ M.Sc.	Total
KG Medical College	57	20	10	3	90
Balrampur Hospital	35	16	4	-	55
Fatima Hospital	29	-	-	1	30
Vivekanand Polyclinic	16	9	-	-	25
Total	137	45	14	4	200

### Professional Training

In the nursing occupation, professional training is an essential pre-requisite, and therefore, all the nurses have undergone or are undergoing diploma courses in nursing and mid-wifery. A small number, eight, in the sample were found to have had no training. These respondents, having no training are generally 'Home Sisters'. Most of the hospitals have provision for training, as that once selected they are trained to become full-fledged nurses within the hospital



that provides training. Thus we find that 34 per cent of the respondent nurses are undergoing training either as trainees or student nurses. The system provides for an assured job after the training is completed, and even during training they are working in the hospitals.

Nurses having already completed the diploma course constitute 62 per cent of the sample; (Table II : 5) but they constitute only 27 per cent in Vivekanand Polyclinic and 52 per cent in Balrampur Hospital. In both these hospitals, trainee nurses are a larger proportion; 70 per cent in Vivekanand Polyclinic and 48 per cent in Balrampur Hospital. Percentage of diploma holders in the Medical College and Fatima Hospital is 77 and 76 per cent respectively.

Table II : 5

**Professional Training**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b><u>Distribution of Diploma Holders</u></b>					
Matron	1	1	1	1	4
Ward Master	6	2	-	-	8
Sister Incharge	10	4	4	-	18
Sister	17	10	3	18	48
Staff	35	11	-	2	48
<b>Total</b>	<b>69</b>	<b>28</b>	<b>8</b>	<b>21</b>	<b>126</b>
<b><u>Undergoing Training</u></b>					
Without Training	16	26	21	3	66
<b>Total</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>8</b>
<b>Total</b>	<b>21</b>	<b>27</b>	<b>22</b>	<b>4</b>	<b>74</b>
<b>GRAND TOTAL</b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>



### Parent's Education

In order to describe the socio-economic backgrounds of the respondents, we sought information on educational levels of the parents and their occupations. It is presumed that, to a large extent, education and choice of profession by the children depends on the educational background of the parents and the occupational and economic background of the family.

The Fatima Hospital was the only hospital where neither of the parents were found to be illiterate in case of any respondent. One of the major factors that accounts for this is the fact that 97 per cent of the total respondents belong to Kerala which has a literacy percentage of above 60 and is the most literate state of the country. Highest percentage of nurses with illiterate parents was found in the Medical College where 55 per cent parents belonged to this category. Balrampur and Vivekanand Polyclinic each had 35 and 34 per cent nurses with illiterate parents respectively. The high percentage of illiterate parents of the Medical College can be attributed to the fact that two-thirds of the respondents are from UP alone where level of literacy is rather low and it is even more so in the case of females.

Looking at the percentage of parents who have passed high school or more the highest percentage is found in the Balrampur Hospital with 31 per cent. Medical College comes second with 26 per cent while the percentages for Fatima Hospital and the Vivekanand Polyclinic were found to be 12 and 16 respectively (Table II : 6).

**Table II : 6**  
**Parent's Education**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b><u>Illiterate</u></b>					
Mother	74	23	-	11	108
Father	25	16	-	6	47
<b><u>Literate</u></b>					
Mother	1	15	21	12	49
Father	17	2	11	4	34
<b><u>Primary</u></b>					
Mother	6	8	6	-	20
Father	10	12	15	9	46
<b><u>Secondary</u></b>					
Mother	8	5	2	2	17
Father	18	11	2	3	34
<b><u>Higher</u></b>					
Mother	1	4	1	-	6
Father	20	14	2	3	39
<b>Total</b>	<b>180</b>	<b>110</b>	<b>60</b>	<b>50</b>	<b>400</b>

The low levels of education in general, 39 per cent for the total sample as a whole, reflects upon the differential attitudes of parents with no, low or high education in selecting a vocation for their children. Those with a better educational background seen reluctant in allowing their children to take up nursing. In the case of Fatima Hospital, however, it is found that parent have been sending the children into their profession even though they are literate. Reasons for this can be found in the fact that on the one hand Kerala is one

of the poor states. Secondly, it has an adverse male female ratio with the result that it is not easy to find a suitable match for the girl. And lastly, it may be pointed out that Kerala has a high Christian population and they are recruited by the Christian Mission whereby their training and education is given free of cost in lieu of which they readily volunteer their services.

### Family Occupation

Looking at the family background from the point of view of family occupation we find that 41 per cent of the total respondents are agriculturists and another 34 per cent constitute the service class. The remaining 25 per cent come from the class of traders and businessmen. The highest percentage of agriculturists come from Fatima Hospital with 73 per cent while in the Vivekanand Polyclinic the percentage is 44. Another 44 per cent families of the Vivekanand Polyclinic belong to the service classes. Medical College and the Balrampur Hospital have 33 and 37 per cent service class parents (Table II : 7).

We, therefore, find that 75 per cent of the total respondents belong to families whose occupation is either agriculture or belong to the service class. A closer look at the data suggested that most of the agriculturists families which sent their children for nursing were in the category of very small holders, having one to three acres of land mostly.

And those in the services were also in the salary ranges upto Rs.500 per month in most cases. Thus the majority of the nurses came from the economically depressed and educationally backward families.

Table II : 7

Father's Occupation

Hospital	Agriculture	Business or Trade	Service	Total
Medical College	30	29	31	90
Balrampur Hospital	19	16	20	55
Fatima Hospital	22	2	6	30
Vivekanand Polyclinic	11	3	11	25
<b>Total</b>	<b>82</b>	<b>50</b>	<b>68</b>	<b>200</b>



## CHAPTER III

### Choice of Nursing Occupation

Choice of an occupation is determined by a complex set of socio-economic factors. In the first instance, in a situation of widespread unemployment, it is generally constrained by the availability of jobs in different occupations. In the case of women the decision to work out of home and choice of jobs in which they would like to work and would find employment are very much dependent on the prevalent values in the society. Nursing as a profession invokes mixed kind of reactions in the system of social values. On the one hand, it is regarded as a noble and laudable profession and is eulogized in public pronouncements. On the other hand, it does not seem to be highly attractive for the economically and socially better endowed sections of society. As a result, the girls opting for nursing career come mainly from communities with relatively liberal value system with regard to employment of women out of homes, and from the families which have to send their women-folk to work, of necessity. That is why we find that the Christian community and economically less endowed families provide the major sources of supply to nursing profession.

The impression one gets from the responses from the sample of nurses we interviewed, however, is that most of them opted for nursing as a matter of choice. Only 9 of the 200 nurses gave 'no other alternative' as the reason for joining nursing.

25 were, however, mainly influenced and persuaded by parents and others to go in for this profession (Table III : 1). Rest of them forming 83 per cent of the sample valued nursing as a noble profession and joined it for that reason. In the hospitals run by missionary organisations all gave this motivation as the basis of their joining nursing. The percentage of similarly motivated nurses, even in non-mission hospitals was 75.

Table III : 1

Reason for Choice of Nursing Occupation

Hospitals	Valued Nursing as a Noble Occupation	No Other Alternative	Influence of Parents	Influence of Others	Total
Medical College	63	6	6	15	90
Balrampur Hospital	48	3	2	2	55
Fatima Hospital	30	-	-	-	30
Vivekanand Polyclinic	25	-	-	-	25
Total	166	9	8	17	200

To a certain extent the pattern of responses may be a result of post-facto rationalisation of the choice they have made, but in practice also not many nurses tried for any other jobs before entering nursing. Seventeen of them did think that they would have liked some other occupation, mostly that of a teacher or a typist. For the rest nursing was the first

choice (Table III : 2). All those aspiring for other jobs also tried successfully to secure these jobs but 5 of them did not join and 12 that joined gave it up in favour of nursing. All those who did not join gave low pay as the

Table III : 2

**Was Nursing Occupation First Choice?**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Hospital	Total
<b>Was Nursing First Choice?</b>					
Yes	78	52	29	24	183
No	12	3	1	1	17
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<b>If No, What Occupation You Have Liked</b>					
Teaching	3	2	1	1	7
Typing	6	1	-	-	7
Others	3	-	-	-	3
Total	<u>12</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>17</u>
<b>Did you try for this Job?</b>					
Yes	12	3	1	1	17
No	-	-	-	-	-
Total	<u>12</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>17</u>
<b>Did you succeed?</b>					
Yes	12	3	1	1	17
No	-	-	-	-	-
Total	<u>12</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>17</u>
<b>Succeeded but did not Join</b>					
Less Salary	12	3	1	1	17
Location	-	-	-	-	-
Health	-	-	-	-	-
Others	-	-	-	-	-
Total	<u>12</u>	<u>3</u>	<u>1</u>	<u>1</u>	<u>17</u>



reason. Most of those who gave the jobs up after joining them also gave the same reason but some of them also found the jobs unsuitable on other accounts. It may be noted that all the jobs availed of and given up carried salaries between Rs.275 and Rs.350. None of the respondents from Vivekanand Polyclinic and only one out of 30 respondents in Fatima Hospital had a job before they came to nursing. The jobs held by those who worked before entering nursing was of teaching, in two-thirds of cases and of typing, in one-fourth of cases.

Thus it seems that virtually all respondents opted for nursing as a matter of deliberate choice. The apparent reason for their choice as reported by them is that they considered nursing a noble profession. This is found to be the case for all the nurses who are working in the hospitals run by missionary organisations. The respondents joined the 'order' motivated by the consideration of serving others and they view their jobs in that light. All nurses in these two hospitals including the two for whom nursing was not the first choice, reported such motivation.

Majority of nurses from other hospitals not belonging to any missionary order also held 'nobility' of nursing profession as the reason for their preferential choice in its favour. There were, however, a significant number, 30 per cent in Medical College and 13 per cent in Balrampur Hospital, who were not similarly motivated. Most of them reported that it

was not their independent choice; they were influenced by parents or others to join nursing; which, in effect, may imply that decisions for them were taken by their parents and well-wishers and they had no alternative but to accept it. Nine respondents, however, clearly stated that they joined nursing because they did not have any other alternative employment available.

Not all the nurses not motivated by service-motto to join nursing, however, tried for other jobs to begin with. Half of them tried and secured some jobs mainly in teaching and typing. But the other half of respondents did not even try for any other jobs. Out of the 27 respondents in the Medical College who had no notions of service motive necessarily for joining nursing, only 12 looked for other jobs initially, 8 of them even did some jobs, before nursing, but left for reasons for low pay and unsuitability (Table III : 3). In Balrampur Hospital 7 respondents gave reasons other than nobility of the profession for choice of nursing. Only three of them, however, tried for other jobs, all of them joined these jobs and left for reasons of low pay. In Fatima Hospital and Vivekanand Polyclinic all gave nobility of profession as the reason for joining nursing. Still one in each hospital, who incidentally happened to be the Matron or Head-nurse, tried for teaching job, successfully. The one working at Vivekanand did not join it while that from Fatima Hospital gave it up for reasons of unsuitability.

Table III : 3**Work Prior to Nursing**

	Medical College	Bairampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Any other occupation before nursing</u>					
Yes	8	3	1	-	12
No	82	52	29	25	188
Total	90	55	30	25	200
<u>If yes, title of job</u>					
Teaching	5	3	-	-	8
Typing	2	-	1	-	3
Others	1	-	-	-	1
Total	8	3	1	-	12
<u>Location</u>					
Home State	1	3	1	-	5
U.P.	6	-	-	-	6
Others	1	-	-	-	1
Total	8	3	1	-	12
<u>Salary</u>					
Below Rs.175	-	-	-	-	-
Rs.175 - 275	-	-	-	-	-
Rs.275 +	8	3	1	-	12
Total	8	3	1	-	12
<u>Reason for leaving</u>					
Was not suitable	3	-	1	-	4
Low pay	5	3	-	-	8
Climate	-	-	-	-	-
Others	-	-	-	-	-
Total	8	3	1	-	12

Thus, on the whole, it looks that majority of nurses chose their profession with the motivation of service. May be, given the overall unemployment situation, nursing was found as good as any other occupation which provided opportunities



for employment, and besides, it also gave the feeling to most of the nurses that they were in a profession generally regarded 'noble'. The nurses belonging to missionary order, however, has a greater service-orientation and many of them particularly in the Fatima Hospital are working without any payments; expenses of their living are met by the mission. Pecuniary motive is thus absent in such cases. In other cases feeling of being useful to others may be an additional 'benefit' apart from the salary which is, of course, the primary motivation.

To a certain extent, the respondents expression of their motivation to join nursing, however, seems an attempt to justify and rationalise their choice, even though it may have been made only because no alternatives were available. This is suggested by the fact, that a much larger number of respondents than those reporting initial reservations for joining nursing, or then not eulogising nobility of profession, feel in retrospect, that they could have been better-off in some other profession. Although all but 34 respondents attributed their choice to the nobility of profession and only 17 had preferred some other job at that time, 85 of the respondents now feel that they could have been better off elsewhere (Table III : 4). The proportion of respondents who hold such feeling is around 39 per cent in Medical College and 45 per cent in Balrampur Hospital. All the respondents in Fatima Hospital, however, felt that they are better off in their



present occupation than they could have been elsewhere. This may again be a reflection of their orientation to service for the mission. But the same consideration does not seem to influence the feeling of nurses working in Vivekanand Polyclinic where strangely enough, all the respondents felt that they could have been better-off in some other job.

Table III : 4

In Retrospect

Hospitals	You are better-off here	You could have been better-off elsewhere	Total
Medical College	55	35	90
Balrampur Hospital	30	25	55
Fatima Hospital	30	-	30
Vivekanand Polyclinic	-	25	25
Total	115	85	200

From the above analysis of the pattern of responses from the sample of nurses, two conclusions seem to emerge. First, even after allowing for an attempt on rationalisation, a majority of the nurses opt for this occupation due to the sense of service that is attached to it, besides of course, being as good a means of livelihood as any available to the girls who enter this profession. This sense is more clearly a strong motivation on the part of nurses who belong to some

missionary order and work in the hospitals run by missions. Second, in retrospect, however, the enthusiasm that they may have in the beginning for nursing declines in intensity and a large number of nurses have a feeling of loss. This is so despite the fact that 45 per cent of the respondents are still undergoing training as trainee and student nurses, and did not have sufficient time to assess their situation vis-a-vis other opportunities they could have looked for.

What could be the reasons for a change in outlook that takes place among nurses after opting for the profession? One could surmise that the reasons may best be found in the job<sup>?</sup> and itself in terms of salary, career prospects and conditions of work, or then in the maladjustment with the social attitudes towards them. Let us first turn to the job related factors. Out of the total respondents 33 per cent constituted the category of students or trainee nurses (Table III : 5). <sup>their</sup> Its percentage was found to be highest in the case of Fatima Hospital where 70 per cent of the total respondents were students or trainee nurses. The next highest percentage was constituted by sisters and staff nurses each having 24 per cent of the total respondents. Of the remaining four categories of nurses sister-incharge accounted for 9 per cent while the others had a very low percentage.

Table III : 5

## Details of Present Post

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Title</u>					
Matron	1	1	1	1	4
Ward Master	6	2	-	-	8
Sister-Incharge	10	4	4	-	18
Sister	17	10	3	18	48
Home-Sister	5	1	1	1	8
Staff	35	11	-	2	48
Student	8	19	13	2	42
Trainee	8	7	8	1	24
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<u>Monthly Emoluments</u>					
Below Rs.300	16	26	*	3	45
Rs.300 - 500	40	12	*	21	73
Rs.500 - 700	27	14	*	-	41
Rs.700 +	7	3	*	1	11
Total	<u>90</u>	<u>55</u>	-	<u>25</u>	<u>170</u>
Average Emoluments	422.00	339.25	*	347.28	384.24
<u>Years of Service</u>					
Below 2 years	10	20	14	3	47
2 - 5 years	41	-	8	3	52
5 - 10 years	11	28	7	18	64
10 + years	28	7	1	1	37
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
Average years	6.89	3.93	2.87	2.80	4.96

\* Self Service Voluntarily

Salaries

Average monthly emoluments of the nurses working in the Medical College, Balrampur Hospital and the Vivekanand Polyclinic together works out to Rs.384 per month. In the Fatima Hospital the nurses belonged to the 'order' to the mission, their

maintenance is taken care by the Mission and no salary is paid. The highest average earnings per month are in the Medical College for which the average is Rs.422 per month. However, almost 18 per cent of the respondents are getting below Rs.300 per month. 44 per cent are earning between Rs.300 - 500 while the remaining 38 per cent are drawing over Rs.500 per month. The average monthly earnings are lowest in the case of the Balrampur Hospital where they work out to Rs.339 per month. In the Balrampur Hospital 47 per cent of the respondents are getting below Rs.300 per month. Around 22 per cent are drawing between Rs.300 - 500 and the remaining 31 per cent over Rs.500 per month. In the case of Vivekanand Polyclinic 84 per cent of the respondents have a monthly income ranging between Rs.300 - 500. Whereas the average earnings for the hospital work out to Rs.347. Out of the total 170 respondents (excluding 30 from Fatima Hospital), 26 per cent are earning below Rs.300 per month and 30 per cent above Rs.500 per month while the remaining are drawing monthly emoluments ranging between Rs.300 - 500. The average monthly earnings of Rs.384 for the three hospitals taken together are rather low especially if we see that 50 per cent of the respondents have put in over five years of service. The pay scales currently in operation is Rs.280 - 420 for nurses. But the yearly increments are extremely low. After putting in five years of service they get an increment of Rs.8. The next increment of Rs.2 falls due after the next five years of



service which is followed by another increment of Rs.2 after the next five years. Thus after having put in fifteen years of dedicated service they are given a total increment of barely Rs.12 which works out to an annual increment of eighty paise and by itself speaks of the plight of the nursing community. The existing pay scale too was introduced in 1973. Over the last seven years the cost of living index has constantly been showing a steep upward tendency thereby making the claims of the nurses for a revised pay scale very legitimate. It is, therefore, time that the government should take a step in this direction by revising the existing pay scales. The government at the same time should also give a more reasonable yearly increment to the nurses.

#### Length of Service and Promotions

Looking at the length of service we find that 23.5 per cent of the total respondents have a length of service of below two years. The percentage being highest in the case of Fatima Hospital (46.67 per cent). This can be explained by the fact that 70 per cent of the respondents of Fatima Hospital are students or trainees. Even in the Balrampur Hospital the percentage is quite high (36.67 per cent) where again around 47 per cent of the respondents are students and trainee nurses. In the Medical College and Vivekanand Polyclinic the percentage is low since both these hospitals have a lower percentage of trainees and students as well.

Another 26 per cent of the respondents have put in between two to five years of service. The highest percentage among individual hospitals was found in the Medical College (45.56 per cent). Fatima Hospital was next with 23.33 per cent while Vivekanand Polyclinic had 12 per cent. In the Balrampur Hospital no respondent was found in this category.

The overall percentage of nurses who had put in between five to ten years of service was 32. Hospital-wise, the Vivekanand Polyclinic headed the list with 72 per cent while the Balrampur Hospital followed behind with around 51 per cent. The lowest percentage (12 per cent) was in the Medical College while the Fatima Hospital had around 24 per cent.

Only 18.5 per cent of the total respondents had put in over ten years of service. Medical College with 31 per cent of respondents having a service of over ten years had the highest percentage. In Balrampur Hospital the percentage was around 12 per cent. Only about 4 per cent of the respondents of Fatima and Vivekanand Polyclinic had over ten years of service behind them.

The average length of service was found to be around five years for the four hospitals taken together. For the Medical College, however, it was nearly seven years while in the case of Balrampur Hospital it was around four years. In the case of Fatima Hospital and the Vivekanand Polyclinic the average worked out to around three years only.

Looking at the total number of respondents who have so far been promoted we find that only 17.5 per cent fall in the category of promoted whereas 82.5 per cent respondents have never got any promotion. This again can be related to the fact that 45 per cent of the total respondents are either students or trainee nurses and nearly 50 per cent of the respondents have so far put in below five years of service. Thus the percentage of those not promoted so far is not really as disturbing a figure as it apparently seems to be (Table III : 6).

Table III : 6

Details of Promotion

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Have been promoted</u>					
Yes	29	4	1	1	35
No	61	51	29	24	165
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<u>If yes, what post?</u>					
Staff	4	-	-	-	4
Sister	12	4	-	-	16
Sister-Incharge	13	-	1	-	14
Others	-	-	-	1	1
Total	<u>29</u>	<u>4</u>	<u>1</u>	<u>1</u>	<u>35</u>
<u>Requirements</u>					
General Nursing	-	-	-	-	-
General Nursing, Mid-wifery, Age of training	29	4	1	1	35
Total	<u>29</u>	<u>4</u>	<u>1</u>	<u>1</u>	<u>35</u>
<u>Grade</u>					
Below Rs. 300	-	-	*	-	-
Rs. 300 - 500	4	4	*	-	8
Rs. 500 - 700	25	-	*	-	25
Rs. 700 +	-	-	1	1	2
Total	<u>29</u>	<u>4</u>	<u>1</u>	<u>1</u>	<u>35</u>



Table III : 6 (contd.)

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b>Next Promotion</b>					
Don't know	-	11	-	21	32
No chance	39	18	9	1	67
After training	16	26	21	3	66
After 15 years of training	35	-	-	-	35
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>

\* Self Service Voluntarily

In the Medical College around 47 per cent of the nurses have been promoted from one post to another. But nearly half have been those that have been promoted as sister from student or trainee nurses. Medical College also has the highest average length of service as well and consequently we see the highest promotions percentage as well. The low promotions of the other three hospitals can similarly be attributed to the fact that the average length of service in them is also low.

However, what is really disturbing is the fact that 33.5 per cent of the total respondents feel that they have no chance of even being promoted. Another 16 per cent of the respondents are not sure as to when they will, if at all, get their next promotion thereby displaying a sense of uncertainty. Even those who give a definite answer say that the promotion will be due after fifteen years of service. Only the students and trainee nurses (33 per cent) give a positive response in saying that they will be promoted on the completion of their training.



It is, therefore, apparent that the present system of promotions is one which leaves opportunities for the future none too bright and thus needs to be improved. For here we have around 50 per cent of the total respondents being haunted with the thought that they might never be promoted. Much of the frustration that is seen among the nurses of these four hospitals can be attributed to their low pay scales, heavy duty hours, and to the fact that they do not see a very bright career ahead of them. While the grades of doctors has been revised they have also been sanctioned non-practicing allowances in the case of doctors in government employment, but little attention has been paid to safeguard the interest of the nurses either by way of revised pay scales, proper allotment of duty hours, other allowances or the introduction of proper time scale promotions.

#### Conditions of Work

Whereas little consideration has been given to the comforts and facilities given to the nurses the rules and regulations regarding duty hours etc. are all properly laid down. As suggested by 78 per cent of the respondents, a day duty means work for eight hours while a night duty is of twelve hours. The remaining 22 per cent quote that even their duty hours are uncertain and that they are actually working beyond the prescribed duty hours. Looking at the response given regarding work beyond duty hours we find that nearly 35 per cent of the respondents admit to be working beyond the duty hours laid down

according to the rules and regulations. The percentage of nurses working beyond duty hours is found to be the highest in the Medical College (43 per cent). In the Balrampur and Fatima Hospitals around 33 per cent of the respondents are working overtime without any additional remuneration for the extra hours put in. The percentage is lowest in the case of the Vivekanand Polyclinic where it is 12 per cent (Table III : 7.)

**Table III : 7**  
**Details of Working Conditions**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b><u>Hours of Work</u></b>					
Day 8 hours & Night 12 hours	62	51	21	22	156
Not certain	28	4	9	3	44
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<b><u>Do you work beyond office hours?</u></b>					
Yes	39	18	10	3	70
No	51	37	20	22	130
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<b><u>Do you come on Holidays?</u></b>					
Yes	12	41	9	23	85
No	78	14	21	2	115
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<b><u>Total Respondents</u></b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>

Similarly we find a sizeable percentage of nurses working on holidays - 42.5 per cent for all hospitals taken together.

The highest percentage is in Vivekanand Polyclinic where it is 82 per cent. Even in the Balrampur Hospital the percentage is very high (74.5 per cent). The fact is that most of the hospitals are understaffed particularly as far as nurses are concerned. As a result the patient to nurse ratio is rather high and consequently the nurses have to take care of an unmanageable number of patients on <sup>the</sup> one hand and work even beyond their office hours on the other.

Thus while there are rules and regulations governing service conditions in all these hospitals, we find that over 67 per cent of the respondents are dissatisfied with the existing service conditions (Table III : 8). Besides being disgruntled on account of low incomes, a shamefully poor annual increment, heavy duty hours and poor promotion prospects as well as uncertain office hours the nurses also feel deprived due to the non-availability of benefits as free housing and quarters, conveyance facilities or transport allowances and subsidised food.

Table III : 8**Government Rules and Regulations Governing Service Conditions**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b>Are there govern- ment rules and regulations?</b>					
Yes	83	52	30	25	190
No	7	3	-	-	10
<b>Are you satisfied with it?</b>					
Yes	7	3	30	25	65
No	83	52	-	-	135
<b>If not what are the basic demands?</b>					
Free Quarters	45	4	1	FT	50
Subsidised Food	16	26	-	FT	42
Conveyance Allow- ance	83	18	-	FT	101
Housing	7	4	-	FT	11
Transport	30	55	-	FT	85
Conditions of Work	-	-	-	FT	-
Work hours/Periods of rest	-	-	-	FT	-
Remuneration	30	-	-	FT	30
Maternity Leave	-	-	-	FT	-
Holidays	84	-	-	FT	84
Annual Leave	84	-	-	FT	84
Attitude of Super- visory Staff	-	-	-	FT	-
General Perform- ance of work/ Work Load	-	-	-	FT	-
<b>Total Respondents</b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>

FT : Fear of Termination



## CHAPTER IV

### Employer-Employee Relation

As a part of our study we also tried to get some insights into the pattern of relationships existing between the nurses and their employers, the hospital managements. The basic aspects that were looked into were the types of grievances and problems faced by the nurses and the methods of their settlement. Attempt was made to find out whether the nurses were members of any trade unions or Nursing Associations and if they had resorted to direct action in order to press their demands; and, to assess the attitude of the respondents towards active participation in trade union activity.

### Grievances

The problems and grievances of the nurses were manifold. For quite sometime now the nurses have been continuing on the old pay scales. The last revision came into operation in 1973 which entitled the nurses to the pay scale of Rs.280-420. On this pay scale they are entitled to an increment in their basic salaries by a mere Rs.8 after the first five years of service. At the end of another five years their basic salaries go up further by merely Rs.2, and by yet another Rs.2 after the next five years. Thus, after having put in a good fifteen years of service their basic salaries register a total increase of merely Rs.12. This works out to an annual increment of less than even a rupee. This is really very tragic as even

class IV employees of the State Government enjoy higher yearly increments. Unfortunately, all their attempts at trying to get a revision in the pay scales as also in the rates of yearly increments have not met with any success so far and has, therefore, resulted in both discontentment and frustration particularly in the face of the unprecedented rise in the cost of living over the past years, in general and over the last couple of years in particular. Keeping in mind the rising cost of living index and the hard duties that are put in by the nursing community their demands for a revision in pay scales is fully justified.

The second major cause for concern has been the demand for higher uniform allowance than what is currently admissible to them. They are at present getting Rs.20 per month by way of uniform allowance. In fact even this came into force since 1978. Prior to this they were receiving a meagre Rs.72 per annum, i.e. Rs.6 per month. But even the present allowance is much lower than the rupees fifty per month that they had actually been assured by the then Minister for Health. The nursing profession demands that the uniforms be very neat and clean as well as properly starched and as such the allowance received by them at present is insufficient for their maintenance. Moreover, replacements of uniforms have also to be made from time to time and this is a big drain on their own incomes which, as it is, are rather low.

The third major grievance has been related to the hours of duty. Duty hours of nurses are long and arduous. During the day shift the nurses have an eight hour duty and at night it means a twelve hour duty of work. The general demand is for the introduction of three shifts in duty instead of the existing duty pattern. Not only is the existing pattern of work extremely strenuous, it leaves them barely any time for their family and social life. This problem has arisen primarily because all hospitals are understaffed, with the result that the nurses have been voicing their concern over the existing pattern related to hours of work and have also been demanding that each hospital should recruit a larger number of nurses such that the burden of work, by way of having to attend to a much larger number of patients, is reduced. Under the existing set up each nurse has so many patients to look after that it is very difficult to take care of them to their full satisfaction.

All the four major problems mentioned above have been cited by most of the respondents of Medical College, Balrampur Hospital and the Vivekanand Polyclinic and have been listed in Table IV : 3. Here it must be pointed out that the fourth hospital included in the survey, the Fatima Hospital, is a missionary institution and the nurses are mostly Christians who have been given nursing training free of cost by the mission. As a result of the free training imparted to them



the nursing staff of the Fatima Hospital is, in turn, doing voluntary service without taking any pay. The hospital, however, takes care of their boarding and lodging and also gives them allowances for the maintenance of uniforms. Thus the grievances listed earlier do not apply to this hospital.

But when it comes to day-to-day problems of the nurses in the various hospitals selected for the survey even the nurses of the Fatima Hospital did complain of problems of one type or another in their working or living conditions. The major day-to-day problems of the nurses may be listed in four categories pertaining to :

- i. leave during their own illness or in the case of illness in the family particularly in the case of married nurses;
- ii. clash between duty hours and lecture timings in the case of trainee nurses;
- iii. poor quality of food served in the hostel mess; and
- iv. over-crowding in the hostels.

The problems of being able to obtain leave during illness is common to all the four hospitals (Table IV : 1) and out of the total number of respondents 19 per cent have voiced their concern over their inability to get leave during illness. According to the rules and regulations governing leave, the nurses are granted thirty days earned leave during the year as well as casual leave of fourteen days. This conforms to the normal leave rules that exist in any government organisation in the state today. However, earned leave cannot be



granted for a day or two only in the case of a minor illness within the family. The problem, therefore, becomes acute once the casual leave of a nurse has exhausted.

Table IV : 1

Distribution of Nurses by Type of Problems Faced  
in Day-to-Day Working

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
Leave problem during illness	12	9	5	12	38
Duty hours clashing with class lectures	8	26	3	5	42
Poor quality of food	16	-	-	-	16
Over-crowding in the hostel room	16	-	17	-	33
Total	52	35	25	17	129
Total Respondents	90	55	30	25	200

Similarly, all the hospitals had the problem of class lecture timings clashing with duty hours in the case of trainee sisters. 21 per cent of the total respondents have raised the point. In fact the percentage will be much higher if we find out the percentage of trainee sisters having this complaint as against the total number of trainee sister. The worst affected is the Balrampur Hospital where the number is 26 which constitutes the entire sample of trainee sisters and students in the hospital.

The poor quality of food served in the hospital mess is mentioned as a problem only in the case of the Medical College. The hostel mess is being run by contractors who do not care about the quality of food being served. As a result the quality of food served has been deteriorating gradually over the years. Even if one contractor is changed the one to replace him follows the pattern adopted by his predecessor after giving better quality for a few days in the beginning. Nurses of the remaining three hospitals, however, had no complaint against the quality of the food.

The Medical College figured once again prominently in respect of over-crowding in the hostel rooms. Fatima Hospital was the other that had a similar problem. Rooms of these hostels had initially been constructed with a view to keeping them either single seated or double seated. However, once the strength of nursing staff went up adequate provision was not made to increase hostel accommodation. With the result that single rooms now have been allotted to two and the double rooms have three nurses. The additional bed barely leaves any space and the rooms have become congested. In case a room is shared by two trainee sisters they find difficulty in doing their studies simultaneously.

These problems, although not all that serious in nature, do however add to the tensions of day-to-day work and at times become rather frustrating since repeated requests to have them removed have been falling on deaf ears. The solutions offered

are generally temporary in nature. Some of the problems, like clash between duty hours and lecture timings are removed when brought to the notice of the concerned authority but again they reappear after the weekly changes in duty hours are announced. Problems like overcrowding in hostel rooms is a major one and really calls for constructions of additional rooms. But as far as the quality of food is concerned the authorities should keep a greater control over the contractor and ensure better quality of food. Thus these problems, with the exception of the problem relating to accommodation, can be attributed to inadequate administrative quality. The problem of clashes between class timings and duty hours, for instance, can be solved simply by keeping a record of the trainee nurses on the one hand and their class lectures on the other. Once their names and class timing are available, the person incharge of allotting duties each week can ensure that such clashes are avoided. Similar administrative improvements can likewise solve the problems of leave during illness.

#### Settlement of Grievances

Looking at the ways and means adopted by the nurses to overcome their day-to-day problems we find that the authority most commonly sought after is either the Hospital Superintendent or the Matron Incharge (Table IV : 2). The percentage of persons approaching either the hospital superintendent or the matron incharge for the removal of day-to-day problems is nearly 50 for all the hospitals taken together. Looking at the



figures hospital-wise we find that it is 100 per cent in case of Balrampur Hospital and 38 per cent in the case of the Medical College.

**Table IV : 2**

**Levels of Rectification of Grievances**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
Ward Sister	-	-	3	-	3
Hostel Incharge	-	-	4	-	4
Mission Superintendent } Matron }	20	35	2	-	57
Hostel Incharge	16	-	16	-	32
Home Sister	16	-	-	-	16
<b>Total</b>	<b>52</b>	<b>35</b>	<b>25</b>	<b>-</b>	<b>112</b>
<b>Total Respondents</b>	<b>90</b>	<b>55</b>	<b>30</b>	<b>25</b>	<b>200</b>

The next most important source to which the nurses look to for the removal of their problems is the hospital incharge although only the nurses of Medical College and the Fatima Hospital avail of their good offices. Nearly 31 per cent respondents of the Medical College turn to the Hospital Incharge for the rectification of problems whereas this percentage is as high as 64 per cent in the case of Fatima Hospital. The respondents of the Medical College have yet another source which is the Home Sister who is contacted in connection with problems relating to food in the mess.



A close observation on the ways and means adopted by nurses for the removal of their problems can be of great help in assessing whether the authorities concerned allow easy access to their subordinates as also whether the nurses themselves show their willingness to approach them, since this will be a reflection of the type of relationship existing between the employer and the employee.

In the case of the Medical College we observe that the nurses are going to the hospital superintendent, the Matron Incharge, Hospital Incharge and the Home Sister whenever faced with one problem or another which thereby implies that by and large cordial relationship exists between the authorities and their subordinates as a result of which the nurses feel free to go to these authorities for overcoming their difficulties. A similar picture emerges in the case of the Fatima Hospital where we find the nurses approaching the ward sister, the hospital incharge, the mission, the matron as well as the hospital incharge. These two hospitals apparently present the best employer-employee relationship in the sample taken here.

Balrampur Hospital presents a poor picture since the only source through which problems are solved is the matron. It is, therefore, a reflection on the rather poor relationship existing between the employer and the employee. The situation is worst in the case of the Vivekanand Polyclinic where 17 out of the 25 respondents (68 per cent) have suggested problems pertaining to leave and clash between duty hours and class

timings. However, they have not indicated any source through which they can have their problems solved. The situation, therefore, speaks for itself. There is apparently some fear in the minds of the nurses working in the Vivekanand Polyclinic that in case they voice their concern regarding any problem that they face, it might have serious consequences by way of adverse action being taken against them as a result of their actions. So they prefer to stay away from the authorities.

#### Trade Union Activity

In focusing our attention to trade union actions taken during the last five years we find that only the Medical College and the Balrampur Hospital have had a strike in this duration (Table IV : 3). Participation in the strike was as high as 90 per cent in the case of the Medical College while that in the case of Balrampur Hospital was low at 40 per cent only. The various demands that were being pressed related to revision in pay scales; higher uniform allowance; three shifts in duties and additional staff. The strike, of course, fizzled out in the Balrampur Hospital on account of non-cooperation from fellow nurses.

**Table IV : 3****Details of Strikes and its Reasons**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b><u>Was there any strike during last 5 years?</u></b>					
Yes	81	22	-	-	103
No	9	33	30	25	97
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<b><u>Year</u></b>	1978	1976	-	-	-
<b><u>Reasons for strike</u></b>					
Pay scales	81	*	**	***	81
Uniform Allowances	81	*	**	***	81
Three shift duty	81	*	**	***	81
More Staff	81	*	**	***	81
<b><u>Total Respondents</u></b>	90	55	30	25	200

\* 33 did not participate, therefore there was no success

\*\* No need of strike

\*\*\* Fear of termination, therefore there is no chance of strike.

The nursing staff working in the Fatima Hospital have not resorted to any strike over the years because, as has already been pointed out, the situation in that hospital is a special one and the nurses are working there voluntarily without taking any monetary benefits by way of salaries. Their minimum requirements like food and shelter and maintenance of uniforms are being taken care of by their mission and as such they are confronted with simply problems of lesser dimensions for which drastic actions like calling a strike is not really required.



On the other extreme we have the Vivekanand Polyclinic where also there have been no strikes in the preceding five years not because they had no grievances or because they are voluntary workers but for the simple reason that they are far too scared to take such a bold step. They have the fear that if they ever resort to strikes for the purpose of bringing to light their grievances, their services might be terminated by the employer.

We may, therefore, conclude that trade union activity in the four hospitals has been either non-existent because of non-involvement on the one hand by the voluntary nurses of Fatima Hospital or by the far too scared nurses of the Vivekanand Polyclinic on the other, or has proved a failure in Balrempur Hospital on account of lack of unity among the nurses which is reflected by the fact that there was only 40 per cent participation in the strike. Even in the Medical College where active participation was as high as 90 per cent, success by way of the government according to their demands has not been significant. In 1978 the then Health Minister announced in the Assembly that the State Government had decided to enhance uniform allowance from Rs.72 to Rs.240 per annum whereas he himself had earlier assured the representatives of the Association that this allowance would be raised to Rs.50 per month.

If we turn to trade union membership of nurses we find that only 9 per cent of the total respondents are members of any



trade union (Table IV : 4). For obvious reasons there is no representation in any trade union of the Fatima Hospital. Some representation is also exhibited by the Vivekanand Polyclinic for equally obvious reasons which have been dealt earlier. In fact this hospital does not have even a single sister who is holding membership of either the All India Nursing Association or the State Nursing Association. In the Fatima Hospital 25 per cent of the nurses are members of the All India Nursing Association which reflects the fact that while they are not agitating over demands they, at the same time, at least feel free to be members of any association without fears of insecurity of service.

Table IV : 4

**Distribution of Nurses According to Membership of Trade Unions**

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Member of any trade Union</u>					
Yes	10	8	-	-	18
No	80	47	30	25	182
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<u>Member of any other Organisation</u>					
All India Nursing Association	6	7	7	-	20
Uttar Pradesh Nursing Association	8	8	-	-	16
Any other	-	-	-	-	-
Total	<u>14</u>	<u>15</u>	<u>7</u>	<u>-</u>	<u>36</u>
<u>Total Respondents</u>	90	55	30	25	200

Trade union membership for the Medical College and Balrampur Hospital works out to around 11 and 14.5 per cent respectively and reveals that even in these hospitals, which are so big and have a much larger staff, trade union membership is rather poor. As members of the All India Nursing Association or the Uttar Pradesh Nursing Association the respective percentages for these two hospitals works out to about 15.5 and 27.25, thereby reflecting a rather weak desire even to be the members of their Nursing Association even though the problems and grievances expressed by them are quite genuine and for whose redemption a simple faith in the government machinery alone is probably insufficient.

In our sample, therefore, we found a set of nurses who had a very indifferent attitude towards trade unions and trade union activity which had been evident by the fact that only 9 per cent of them are members of a trade union and only 18 per cent of the total nurses are members of a Nursing Association. Hospital-wise we find that awareness towards trade union is best found in the Fatima Hospital where the nurses hold membership of an Association even though they have never really had cause for complaint to be reflected by way of strikes.

If we go into the causes for such indifferent attitudes we find that this is partly due to the fact that after a days exhaustive duty the nurses are hardly left with sufficient time and energy even to meet their social commitments. Union membership demands an active participation. Moreover, there

is a lack of knowledge about the existing Associations and at present a certain degree of fear is attached to the joining of any union or Nursing Association. This at least was the general impression conveyed by them while they were being questioned about the need for trade unions.

However, looking at the conditions of the nurses which is reflected in their low pay scales, poor uniform allowance, extra hard duty hours and understaffing of the hospitals one feels that there is a genuine need to make them more aware of the positive aspects of trade union activity so that they may shed off their unnecessary fears and utilise the services of their Associations to be able to put forward their demands in more concrete terms if profitable results are to be achieved.

## CHAPTER V

### Family Structure and Levels of Living

The present chapter deals with the structure of families of the nurses and certain characteristics of their socio-economic conditions. Starting with the size of family, distribution of family members by age, sex and activity status, levels of education, we also go into the questions of employment and monthly income of the working members, ownership of assets and levels of expenditure, savings and indebtedness of the households of nurses.

All except 10 respondents have supplied information relating to their family size and composition. The ten respondents who refused to identify their family background are those who have completely severed their connections with the family. The reasons for their total alienation from families relate to (a) break-up of the family due to arrival of the step-mother (1); (b) poverty and tyranny of parents (6); and disillusionment with the religion in which some of them (3) happen to have been born. The extent of dissatisfaction and disenchantment of these nurses with their family part may be measured by the fact that they even refused to talk about any member of their family.

### Family Size of Nurses

On the basis of information furnished by 190 nurses, we find that the average size of the family of nurses in Lucknow works



out to 5.7. Only about 3 per cent of the nurses are living single. About 19 per cent have 2-3 members in the family; about 42 per cent have 4-6 members; and the rest (about 36 per cent) have more than 6 members in their families (Table V : 1).

Table V : 1

**Distribution by Size of the Family**

Hospital	Family Size										Obje- ction	Total	Average Size of Family
	1	2	3	4	5	6	7	8	9	10			
Medical College	-	4	7	11	25	11	8	11	6	7	-	90	5.9
Balrampur Hospital	3	2	11	3	12	7	4	3	3	1	-	55	4.9
Fatima Hospital	2	1	2	1	-	2	3	7	3	4	2	30	7.2
Vivekanand Polyclinic	-	3	7	1	2	4	2	1	3	1	-	25	5.2
Total	5	10	27	16	39	24	17	22	15	13	2	200	5.7

While the average size of the family of nurses in Medical College closely corresponds to that obtained for the total sample (5.9), the size of family of nurses in Balrampur Hospital and Vivekanand Polyclinic is smaller (4.9 and 5.2 respectively) and that of the nurses in Fatima Hospital is larger (7.2). This is also supported by the fact that the percentage of nurses whose family size exceeds 6 members is about 36 for Medical College, 22 for Balrampur

Hospital, 29 for Vivekanand Polyclinic and as high as 70 for Fatima Hospital.

Two significant factors with which higher than the average size of family of nurses in Fatima Hospital could be associated are : (i) relatively low educational attainments of these nurses and (ii) relatively high proportion of them reporting agriculture as their fathers' occupation. All the nurses in Fatima Hospital had acquired education only upto high school level. As against this, the proportion of nurses having acquired education upto high school level stood at 69 per cent in the sample and the remaining (31 per cent) had acquired higher level education. The incidence of higher education among the members of the family of the nurses in Fatima Hospital was also found to be lower (17.35 per cent) in comparison to that in the total sample population (21.52 per cent) (see Table V : 4). Again, about 81 per cent of the nurses in Fatima Hospital reported their fathers' occupation as agriculture, in comparison to 41 per cent in the sample. Thus, the larger size of family of nurses in Fatima is associated with low education and agricultural background.

#### Age and Sex Composition

The total number of members of the family of 190 nurses who have given information in regard to their families is 1101 out of which males are 460 and females are 631. The sex ratio (number of females per 1000 males) for this sub-group of the

population comes to 1371 females per 1000 males. This fact of a sex ratio favourable to females is rather striking because for the State as a whole as well as for Lucknow district, the sex ratio is adverse to females. A further probe into this issue with respect to different age groups reveals that the sex ratio is only slightly above unity in regard to population below 15 years and in regard to population above 60 years in age it is as adverse as in the population of the district - the number of females per 1000 males being 600 only. It is only in respect to age-group 15-60 years that we observe a highly favourable sex ratio for females (1554 females per 1000 males) due to which the over-all sex ratio too turns favourable to females. The pattern of sex ratio as related to age groups is contrary to demographic expectations. However, this may be partly explained by the fact that nurses largely remain unmarried and continue to live with their parents and brothers who get married and bring wives.

The age structure of the population in the families of nurses (Table V : 2) shows that persons below ~~age~~ 15 years of age are about 35 per cent; persons in age group 15-60 years are 61 per cent, and those 60 years and above are about 4 per cent. The age distribution of population in nurses' families corresponds closely to that prevailing in the country and the State. There are about 64 persons in the dependent age groups, per 100 persons in the productive age groups.



Table V : 2Distribution of Family by Sex and Age

		Medical College	Balrampur Hospital	Fatina Hospital	Vivekanand Polyclinic	Total
<b>Below 5 years</b>						
	Male	5	9	9	1	24
	Female	6	9	-	2	17
<b>5 - 15 years</b>						
	Male	-	-	-	-	-
	Female	-	-	-	7	7
<b>15 - 25 years</b>						
	Male	68	49	21	15	153
	Female	80	28	91	11	210
<b>25 - 40 years</b>						
	Male	115	44	18	12	189
	Female	174	93	34	52	353
<b>40 - 60 years</b>						
	Male	30	-	17	22	69
	Female	29	-	-	-	29
<b>60 + years</b>						
	Male	10	12	3	-	25
	Female	15	-	-	-	15
<b>No Response</b>		--	6	3	1	10
<b>Total</b>						
	Male	228	114	68	50	460
	Female	304	130	125	72	631
<b>Total (Male + Female + No Response)</b>		532	250	196	123	1101

Activity Status

Table V : 3 gives a distribution of the family population by the activity of persons. Non-workers (630 out of 1101) constitute about 58 per cent of the population. While demographically determined level of dependence, in the population under study, is 64 per 100 persons, the level of dependence as influenced by



social and economic conditions rises to 133 per 100 persons working. It may, however, be noted that the socio-economically determined level of dependence in the case of nurses' families is lower in comparison to that obtaining in respect of the population of the State.

Table V : 3

**Distribution of Family by Sex and Activity Status**

		Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
Child	Male	11	18	9	3	41
	Female	5	9	-	1	24
Student	Male	148	77	78	38	341
	Female	68	49	21	15	153
Retired	Male	25	12	3	-	40
	Female	10	12	3	-	25
Housewife		90	34	38	22	184
Working	Male	237	103	59	59	458
	Female	124	44	29	34	231
Unemployed	Male	113	59	30	25	227
	Female	21	-	6	-	27
No Response	Male	21	-	6	-	27
	Female	-	-	-	-	-
No Response		-	6	3	1	10
<u>Total</u>	Male	532	250	196	123	1101
	Female	228	114	68	50	460
	No Response	304	130	125	72	631
		-	6	3	1	10

Table V : 3 (contd.)

		Medical College	Balrampur Hospital	Fatina Hospital	Vivekanand Polyclinic	Total
<b>Where Working</b>						
<u>Village</u>	Male	27	12	15	10	64
	Female	-	-	-	-	-
<u>Town</u>	Male	15	5	2	-	22
	Female	-	-	-	-	-
<u>City</u>	Male	82	27	12	24	145
	Female	113	59	30	25	227
<b>Total Workers</b>	Male	124	44	29	34	231
	Female	113	59	30	25	227
		<u>237</u>	<u>103</u>	<u>59</u>	<u>59</u>	<u>458</u>

Workers who constitute about 42 per cent of the population are divided equally between the two sexes - there being 231 male workers and 230 female workers out of 461 workers. But the crude worker participation rate is higher for males (50 per cent) than for females (about 36 per cent). Worker participation rates vary among the hospitals but in every case, except that of Balrampur hospital, male worker participation rates are higher than that of females.

It is striking that there is <sup>1 to 1</sup> correspondence between the activity status as "student" and "retired" and the <sup>respective</sup> age-group. All those who are in the age-group of 5 years to 15 years are "students" (an indication of the strength of the social pressure in favour of education) and all those who are above 60 years are "retired" (which might indicate availability of institutional facilities to this group of population).

The unemployed (27), curiously all males, constitute 2.45 per cent of the population and 5.53 per cent of the labour force (workers + unemployed). Most of the non-workers in the economically active age group are, therefore, housewives who are all females.

Most of the families have one male and one female earner.

There are 31 families with more than one male worker and 30 families with more than one female earners, too, such families are 12, 11 of which are found in the case of nurses working in Balrampur Hospital and 1 in the case of those working in Fatima Hospital.

Among male workers, about 28 per cent are in rural areas, 9 per cent in small towns and about 63 per cent in the city itself. In contrast, all female workers are employed in the city itself.

#### Nature of Work

Table V : 4 classifies workers according to nature of activity. While 41 per cent of the male workers are engaged in activities other than service (agriculture about 24 per cent and business about 17 per cent), all female workers are employed in 'service' sector.

Table V : 4

#### Nature of Work

Hospital	Agriculture		Business		Service	
	Male	Female	Male	Female	Male	Female
Medical College	17	-	24	-	83	113
Balrampur Hospital	12	-	10	-	22	59
Fatima Hospital	15	-	2	-	12	30
Vivekanand Polyclinic	10	-	4	-	20	25
Total	54	-	40	-	137	227



Income Levels

Table V : 5 gives a distribution of male and female workers in respect of the income levels per month. Out of 135 male workers in regard to whom information on income earned by them could be obtained from the nurses, 79 (58.52 per cent) earn more than Rs.600 per month; 52 (38.52 per cent) earn between Rs.300 and Rs.600 and 4 (2.96 per cent) earn less than Rs.300. On the other hand, female workers are mostly concentrated in income ranges Rs.300 to Rs.600 (about 54 per cent) and less than Rs.300 (40 per cent). Only 6 per cent of the Females, against about 59 per cent of the male workers, earn Rs.600 per month or more.

Table V : 5

Level of Income (Monthly)

		Medical College	Balrampur Hospital	Patima Hospital	Vivekanand Polyclinic	Total
Not know + Not certain	Male	41	22	17	4	84
	Female	-	-	-	-	-
Below Rs.300	Male	-	-	-	4	4
	Female	46	34	-	-	80
Rs.300 - Rs.600	Male	36	-	4	12	52
	Female	62	20	-	25	107
Rs.600 and above	Male	46	22	8	3	79
	Female	5	5	1	1	12
Average Income (Rs.)		545.30	520.37	559.00	502.43	533.61



Average monthly income per earner is about Rs.534. This average is lowest in the case of earners in the families of nurses belonging to Vivekanand Polyclinic (Rs.502) and highest in the case of those belonging to Fatima Hospital (Rs.559). The variation in average earning between the hospitals seems to be connected, though not perfectly, with the variation in the distribution of workers according to the nature of activity. Fatima has the highest proportion of earners engaged in activities other than service (about 29 per cent) and Vivekanand Polyclinic has the lowest (about 8 per cent). But Balraspur Hospital whose nurses' families have 21.36 per cent earners engaged in agriculture and business shows a lower average earning (about Rs.520) in comparison to that of Medical College (about Rs.545) whose nurses' families have a lower proportion of workers (17.30 per cent) engaged in agriculture and business. But then by their very nature such relationships can seldom be perfectly established, given variations in respect of size of agriculture and nature of business.

Given 2.3 earners and 5.7 members per family, total family income per month works out to Rs.1227 with per capita income at Rs.215. The contribution of nurses toward this family income is not meagre. Nurses' earnings account for 42.82 per cent of the total family income. What is more important to note, however, is the fact that the nurses' earnings, on an average, are comparable to the average earning of the other workers in their families,

engaged elsewhere. This is evidenced from the fact that the nurses who contribute 42.82 per cent of the family income, constitute no more than 43.38 per cent of the total workers in their families. The close correspondence between the proportion of income contributed and the proportion among workers should make for a respectable status of nurses within their families, irrespective of the status accorded to their profession in larger social framework. This correspondence between the two proportions is confirmed in respect of all hospitals excepting Fatima Hospital where nurses, who comprise about 53 per cent of the workers are found to be contributing only about 41 per cent to the family income. This may once again be related to the fact that other workers in the nurses' families belonging to Fatima are engaged in greater proportion in agriculture and business than the other workers connected with the nurses' families belonging to any other hospital.

#### Savings and Expenditure

About 89 per cent of the income is spent on meeting current needs of the family connected with food, clothing, education, health, conveyance, entertainment, etc. and only 11 per cent is saved. Extent of indebtedness is insignificant.

Savings rate for different hospitals seems to vary with average income levels. Nurses of Fatima Hospital with highest income levels report the highest savings rate (about 16 per cent); those of Medical College who rank second in terms of average

income, report a savings rate of about 14 per cent and those of Vivekanand Polyclinic reporting lowest average income have the lowest savings rate of 6 per cent. Nurses of Balrampur Hospital who rank third in terms of average income, however, also show a savings rate equal to that of Vivekanand Polyclinic.

### Pattern of Savings

Savings deposits with post offices or commercial banks are the simple most important form of savings accounting for about 46 per cent of the savings. The next <sup>m</sup> importance are contribution to provident fund accounting for about 33 per cent of the savings. Life Insurance policies account for 21 per cent of the savings. While savings in the form of contributions to provident fund do not show any significant variation between the hospitals, the other two forms of savings do show a marked variation. It is interesting that the percentage of savings in the form of savings deposits is inversely related to the average income levels. Fatima hospital which is first in respect of income levels is at the bottom in respect of percentage of savings in saving deposits and Vivekanand Polyclinic which is at the bottom in respect of income levels is at the top in respect of savings in the form of demand deposits. No definite behaviour pattern, however, is revealed in respect of purchase of insurance policies as a mode of savings.



Table V : 6**Proportion and Pattern of Savings (Percentages)**

<b>Hospitals</b>	<b>Percent- age of Income Saved</b>	<b>Modes (Percentages)</b>		
		<b>Contribution to Provident Fund</b>	<b>Demand Deposits with Post Office &amp; Commercial Bank</b>	<b>Purchase of Life Insurance Policy</b>
Medical College	14.66	29.92	59.67	10.42
Balrampur Hospital	6.03	35.24	42.73	22.03
Fatima Hospital	15.58	33.33	16.67	50.00
Vivekanand Polyclinic	6.34	37.71	62.29	-
<b>Total</b>	<b>11.13</b>	<b>33.21</b>	<b>45.71</b>	<b>21.07</b>

**Assets**

Very few families own investment assets. 54 nurses reported ownership in their families of some agricultural property and 86 nurses reported ownership of house. Only 2 nurses reported investment in the form of bonds. 30 nurses considered interest accruals from bank deposits with mentioning (Table V : 7).

All those reporting connections with agriculture, also reported ownership of agricultural property. The value of agricultural property owned by a family worked out as an average for only those families which are engaged in agriculture comes to Rs.18796. Value of houses reported by nurses worked out to be absurdly low and is, therefore, not being given. It appears that the nurses do not actually have a clear idea about the value of assets owned by their families.



**Table V : 7****Distribution by Ownership of Assets**

		Medical College	Balrampur Hospital	Fatina Hospital	Vivekanand Polyclinic	Total
<b>Agricultural Property</b>						
	Yes	17	12	15	10	54
	No	73	43	15	15	146
<b>House</b>						
	Yes	33	14	29	10	86
	No	57	41	1	15	114
<b>Investment Bond</b>						
	Yes	2	-	-	-	2
	No	88	-	-	-	88
<b>Certificates Shares</b>						
	Yes	-	-	-	-	-
	No	-	-	-	-	-
<b>Interest from Bank Deposits</b>						
	Yes	17	7	6	-	30
	No	73	43	24	-	145
<b>No Response</b>		-	6	3	1	10

## CHAPTER VI

### Status of Nurses

This rather brief chapter discusses aspects related to the status of nurses in their family and neighbourhood. Status has both subjective and objective dimensions. In its subjective dimension, status of a person can be determined on the basis of his/her own evaluation of his/her role and the importance that he/she feels is attached to that role by others. The exact criterion or criteria that he/she prefers to use in attributing to himself/herself a status remain concealed in the very process of this subjective evaluation. Yet it appears reasonable to assume that, factors connected with institutionalised relationships within the framework of family kinship and community affecting status being equal, the criterion used by a person for evaluating his status is mostly likely to be in conformity with the usual social norms connected with activity status (whether worker or dependent), income and the degree of autonomy associated with the occupation which are used in delineating the status of a person. In terms of these social norms, a worker has a higher status than a non-worker. Likewise, a person with a higher income, other things being equal, enjoys a higher status too and persons engaged in an occupation implying greater degree of autonomy enjoys higher status in comparison to one who may be engaged in an occupation involving lower level of autonomy. The last consideration, however, appears to be more relevant in determination of status of a person in society rather than in family.

Status in the Family

The subjective evaluation of status by nurses is given in Table VI : 1. Excluding students and trainees, out of 125 full-time nurses interviewed, 116 reported that their status has improved due to their participation in economic activity. Only 9 nurses did not report status improvement, out of whom 6 were uncertain.

Table VI : 1Status of Nurses Linked with Their Profession

Hospital	Work has made your status in the family higher				Total
	Students + Trainees	Yes	No	Cannot Say	
Medical College	16	69	3	2	90
Balrampur Hospital	26	25	-	4	55
Fatima Hospital	29	1	-	-	30
Vivekanand Polyclinic	4	21	-	-	25
Total	75	116	3	6	200

Work criterion alone would not be sufficient to explain this overwhelming response indicating status improvement. In the case of nurses under study, an additional fact, to which attention has been drawn earlier (Chapter V) is that the average monthly earning of a nurse is nearly the same as that of other workers in her family. In terms of income norms, too, her status within family may be expected to improve.



Objectively, the status of a person in the family may be indicated by highlighting the nature of the role that the person plays in important matters connected with the family involving decision-making. The nature of the role can be classified as primary, secondary or entirely passive. The role in decision-making may be considered primary, if the person takes all important decisions all by himself or consults others without at the same time losing his freedom to implement his decision. The role may be considered secondary if he is consulted in important matters. While the key decision maker in the family reserves the right not to accept his advice. The role is passive, if the person is not consulted at all and he is reconciled to this situation.

Table VI : 2 summarise information on the nature of role played by nurses in household decision-making in regard to some important matters. Role in decision-making is studied with respect to issues connected with marriage, education, purchase of property, durable consumption goods and consumption items.

Considering the fact that the percentage of nurses playing primary role varies from 8 on issues connected with education to about 61 on matters related to budgeting of the routine family expenditure, it may be concluded that the nurses do not have a well defined status within their families. It is, however, significant that on issues connected with marriage, and purchase of property and other durable consumption goods, the percentage of



Table VI : 2

## Role Played in Decision Making In the Household

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Marriage</u>					
You alone take the decision	11	6	1	-	18
You take decision but consult others	40	23	-	9	72
Others take decision but consult you	23	-	-	-	23
You are not in the picture	16	26	29	16	87
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<u>Education</u>					
You alone take the decision	9	3	-	-	12
You take decision but consult others	-	3	1	-	4
Others take decision but consult you	63	49	29	25	166
You are not in the picture	18	-	-	-	18
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<u>Buying Property</u>					
You alone take the decision	5	4	-	1	10
You take decision but consult others	45	10	1	-	56
Others take decision but consult you	16	26	29	4	75
You are not in the picture	24	15	-	20	59
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>
<u>Buying Durable Consumption Goods</u>					
You alone take the decision	-	-	-	-	-
You take decision but consult others	40	29	1	9	79
Others take decision but consult you	34	20	-	8	62
You are not in the picture	16	6	29	8	59
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>

Table VI : 2 (contd.)

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Allocation of Household Income on Different Consumption Items</u>					
You alone take decision	51	-	-	-	51
You take decision but consult others	20	31	1	18	70
Others take decision but consult you	19	-	-	-	19
You are not in the picture	-	24	29	7	60
Total	<u>90</u>	<u>55</u>	<u>30</u>	<u>25</u>	<u>200</u>

nurses playing primary role is high and varies between 33 to 45. On the other hand, the percentage of nurses having a passive role on issues connected with marriage is as high as 44 while on issues connected with education it is reduced to 9. On all other matters, the percentage of such norms remains steady at or around 30. Although, according to nurses' perception work improves their status in the family, the objective reporting done by them with reference to their role in decision-making on various issues shows that a quite a substantial proportion of them still have a secondary or a passive role. Given, however, the Indian social situation, the percentage of nurses who have acquired primary role in decision-making at family level is rather encouraging.

Status in the Neighbourhood/Community

Table VI : 3 seeks to provide information regarding status of the nurses in their neighbourhood, in terms of their membership of any organisation at mohalla or community level; their position in the organisation; and their general perception about the background of a person which would help him, given the existing social situation, to acquire a position of responsibility in the organisation(s).

Table VI : 3Participation in the Activities of Your Neighbourhood/Community

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<u>Are you a member of any organisation in your mohalla/community</u>					
Yes	9	7	-	-	16
No	61	48	30	25	184
<u>If not, why?</u>					
No time	18	10	30	9	67
Not interested	35	20	-	14	69
Others	28	18	-	2	48
<u>If yes, how long?</u>					
Less than 1 year	-	-	-	-	-
1 - 3 years	-	-	-	-	-
3 - 5 years	5	4	-	-	9
More than 5 years	4	3	-	-	7
<u>Do you hold any position in the organisation</u>					
Yes	Member	Member	-	-	-
No	-	-	-	-	-



Table VI : 3 (contd.)

	Medical College	Balrampur Hospital	Fatima Hospital	Vivekanand Polyclinic	Total
<b><u>If no, what type of people hold position</u></b>					
Politicians	1	2	-	-	3
Teachers	3	3	-	-	6
Landlords	2	1	-	-	3
Administrative Officers	1	1	-	-	2
Total	9	7	-	-	16
<b><u>Factors that have contributed to these positions being held by such persons</u></b>					
Personality	-	-	-	-	-
Economic Status	2	2	-	-	4
Occupation in which they work	5	3	-	-	8
Record of Social Work	2	2	-	-	4
Any Other	-	-	-	-	-
Total	9	7	-	-	16

We find that only 16 nurses are members of some organisation at mohalla or community level. These organisations are basically social service organisations with the objectives of helping needy persons in providing schooling or medical facilities. Moreover, they at times help persons overcoming other problems faced in day-to-day life by approaching the concerned authorities who cannot otherwise be contacted by ordinary people. All these nurses have been members of the organisation for over a period of three years, without enjoying any position of authority in the organisation(s).



Most of the nurses believe that the occupation of a person and the economic status which is associated with it helps a person to acquire a position of responsibility/authority in an organisation. Only 30 nurses believed that voluntary social work helps a person in getting a position. Their view is confirmed by the fact that a majority of nurses reported that positions of authority in various organisations are held (as perceived) by politicians, landlords and administrative officers.

Indian social situation manifests the working of the principle of "dominance" at its crudest. Nurses and their low social status as revealed by the nature of their participation in various mohalla/community level organisations can be explained partly in this background. Agents engaged in bringing about social change have, therefore, to consider and do something about this aspect of Indian social reality, before the objective of ensuring the status to a person which he rightfully deserves, irrespective of his occupational background and political and economic power, is fully attained.

## CHAPTER VII

### Summary and Conclusions

In this chapter we attempt a summary of our findings and derive certain conclusions in relation to the major questions posed in the first chapter in regard with the occupational choices, problems faced by nurses as working women in connection with their conjugal and family life, earning and career prospects in nursing and status of nurses in family and society. First we summarise below our findings on the various aspects studied in the order presented in the previous chapters.

#### I. Socio-Economic Background

(i) Age and Marital Status : As a group of workers nurses belonged to the relatively younger age groups. Almost two-thirds of them were below 35 years of age. Hospitals with training for diploma course, obviously, had a larger proportion of young nurses. In the Mission-run hospitals almost all nurses were in the age groups 25-44. Yet, though 84 per cent of the nurses were aged 25 years or above, only 41 per cent of all the nurses were married, and another two per cent widowed or divorced. The proportion of married nurses was higher, of course, in the public hospitals and very low in the mission hospital, as the nurses in the latter mostly belonged to the 'order'. But even in the non-mission hospitals none of those belonging to age groups below 25 years and most of those in the age group 25-34 were unmarried.

(ii) Native Place : Nursing in Lucknow seen to attract a sizeable proportion of its ranks from far-off places. No doubt over-half the nurses belonged to the State, over one-third of them came from Kerala, other states account for about 13 per cent. In mission run hospitals, three-fourths of the nurses came from Kerala. While their percentage in other hospitals was 21. Around 59 per cent of the nurses came from the urban and 41 per cent from rural background, but of the nurses coming from Kerala, most came from the villages.

(iii) Education and Training : Since matriculation is an essential qualification for taking up training for nursing, all the nurses have educational qualifications at least upto that level. But about one-third of them had acquired higher qualifications and around nine were persons had also passed a university degree. Similarly all nurses have to be trained, as a prerequisite for the job : 63 per cent of them had already completed their training and were in various positions (staff, sister, incharge, etc.); and 33 per cent were trainee nurses.

(iv) Parents' Education : In general the educational levels of the parents of respondent nurses were found low. Mother was illiterate in 54 per cent cases, and father in about one-fourth of cases. Of the literate parents also, most had education only upto primary level. Fathers of only 20 per cent nurses and mothers of only 3 per cent nurses had the benefit of college and university level education.



(v) Family Occupation : Agriculture was the single most important occupation of the nurses' families : 41 per cent of them came for this background. The next important occupation of the families supply nurses was service (34%) followed by business or trade (25%).

## II. Choice of Nursing Occupation

(1) Reasons for Choosing Nursing Occupation : An overwhelming majority (83%) of nurses reported opting for nursing for the reason that they considered it a noble profession. In around 12 per cent cases their choice was influenced by others including parents, and 5 per cent joined nursing in the absence of any alternative. Significantly, all nurses in the mission run hospitals reported the reason of its being a noble profession, for their choice of occupation. All nurses except eight per cent, had nursing as their first choice. Those who came to nursing as a second option wanted to go in for teaching and secretarial jobs. They also secured these jobs but left for the reason of 'low salary'. It may be noted that the average earnings these jobs carried were around Rs. 300 per month.

(ii) Retrospection on Job Choice : In retrospect, 58 per cent of the nurses feel satisfied with their choice of occupation while 42 per cent feel that they could have been better-off elsewhere.



### III. Present Job : Earnings, Promotions and Conditions of Work

(i) Job Status : The largest number of nurses are in the category of sisters and staff nurses, each account for 24 per cent. 36 per cent are students or trainees. Only 15 per cent are in the higher positions such as sister-incharge, ward master and matrons.

(ii) Salary : Average emoluments per month vary between Rs.422 in Medical College to Rs.347 in Vivekanand Polyclinic. No salary is paid to nurses in Fatima Hospital, which looks after their maintenance and other expenses. Average for the entire group works out to Rs.384. Around 43 per cent earn between Rs.300-500 23 per cent, and 24 per cent between Rs.500-700. Twenty six per cent, mostly trainees and students earn below Rs.300 and 6 per cent, mostly matrons and ward master above Rs.700 per month.

(iii) Years in Service : On an average a nurse has been in job for about 5 years, including as trainee. Around 18 per cent have been there sufficiently long, over 10 years each, their percentage is quite high in Medical College (31%) and very low (4%) in the mission run hospitals. On the other hand, 24 per cent have been in job for less than 2 years. They make 47 per cent in Fatima and 36 per cent in Belrampur Hospital, but only 11 per cent in Medical College and 12 per cent in Vivekanand Polyclinic.

(iv) Promotion : Only 18 per cent nurses have ever been promoted. There are the ones who are now in the positions of staff nurses,

sisters, or sisters-incharge in the grades of pay mostly between Rs.500-700. Incidentally the percentage of those promoted is the same as those in service for over 10 years. Around one-third of the nurses see no chance of promotion at all and another 16 per cent do not know about it. But one-third see a chance of promotion after completing training and another 17 per cent after completing 15 years of service.

(iv) Hours of Work : Standard hours of work are generally 8 hours in the day or 12 hours in the night. Quite a few, about 22 per cent nurses, however, reported that the working hours are not certain and fixed. Around one-third of them reported working beyond the standard hours laid down, and 42 per cent reported as having had to work on holidays as well.

(v) Service Regulation : 95 per cent nurses reported that there are regulations about their service conditions, but only 62 per cent reported satisfaction with them. In the mission run hospitals all nurses reported satisfaction and asserted that they have no grievances. But in one of them they said that they did not want to air dissatisfaction and grievances due to fear of termination. In the other hospitals, the nurses freely expressed their dissatisfaction, with their service conditions. Most important of their demands, which were put forward by all or majority of respondents related to holidays, annual leave, conveyance allowance, transport, subsidized food and free housing.

#### IV. Employer-Employee Relation

(i) Grievances : A major grievance of the nurses consists of the non-revisioning the pay scales for a long time. The last revision made in 1973, gave them a pay scale of Rs.280-420, but the increment are so small and restricted that their basic salary increased at an absurdly low rate per annum. The other important grievance related to uniform allowance which at Rs.20 per month is considered to be quite low. Long hours of duty and large number of patients per nurse were the other genuine grievances expressed by the respondent nurses. Besides a number of problems, connected with their work were also posed by them, such as leave during sickness, clash between duty hours and training classes, poor quality of food and overcrowding in the hostels.

(ii) Settlement of Grievances : In general, the grievances quite often voiced by the nurses, have remained mostly unattended. Hospital Superintendent or matron-incharge is most the person whom they approach for settlement of their grievances. The problems relating to hostel are mostly put before the hostel-incharge. There, however, does not seem a very clear grievance procedure and delienation and definiteness of responsibility, which leaves the nurses may a time in an uncertain situation regarding the person to be approached.

(iii) Trade Unionism : The trade union activity is almost non-existent. Only nine per cent of nurses are members of any trade union, although 18 per cent are members of their professional

organisations All-India or UP Nursing Association. Memberships are mainly confined to the non-mission hospitals.

(iv) Direct Action : There has been a strike during the period of last five years, involving nurses in the two non-mission hospitals, in which the participation of nurses was quite high. In one of the hospitals the strike failed due to low participation and lack of unity among nurses. Revision of pay scales, uniform allowance, three-shift duty and expansion of staff were the major demands in the charter. The only demand which was met, even though partially, was enhancement of uniform allowance.

#### V. Family Living

(i) Family Size : The family of the respondent nurses, consisted, on an average, of 6 persons, varying between 5 in case of Balrampur Hospital to 7 in case of Fatima Hospital. It may be noted that 10 respondents had so broken-off from their family that they had nothing but bitterness when asked about it and, therefore, did not supply information about their families.

(ii) Age-Sex Composition of Families : The sex ratio of the nurses families turned out to be 1371 females per 1000 males. Part of the explanation of such high sex ratio lies in the predominantly 'single' marital status of nurses. 35 per cent of the members of the nurses' families were below 15 years of age and 61 per cent in the age group 15-60 years.

(iii) Activity Status : Workers constituted 42 per cent of the family members. One working person had thus to support 2.33



persons including himself/herself. Given that there is a worker in the form of our respondent in each family it means that there is also another working member in a family on an average to support the family of 6. It was found that of the male member of the families 50 per cent and of the female members 36 per cent are workers.

(iv) Nature of Work, Earnings and Family Income : Most working members of the nurses (86 per cent) work in the urban areas, most (92 per cent) of them in 'service' jobs. They earn an average monthly salary of Rs.534. The average family income of the families worked out to Rs.1227 and per capita income Rs.215. The respondent nurses' income thus constitutes 43 per cent of the family income, they also constitute a similar percentage of the workers in the families. The families save about 11 per cent of their incomes mostly in the form of PF contribution of the employee members, life insurance premium and savings deposits with the banks and post offices. Most families are property less, only 27 per cent have some agriculture land and 43 per cent own a house.

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#### VI. Status of Nurses

(1) All the respondent nurses, baring a few considered their status in the family enhanced due to their having opted to work.

(ii) The nurses who take the decision about family matters, with or without consultation with other members constituted 45 per cent in case of decisions of marriage in the family, 8 per cent in case of decisions relating to the education of children in the

family, 33 per cent in the case of matters relating to the purchase of property, 40 per cent in the matters of buying durable consumption goods and 60 per cent in the case of decisions on family budget. In the matters in which other members take the decision mostly, the respondent nurses are consulted in most cases so far as education and purchase of property is concerned, but they are not consulted in majority of cases in deciding about marriages in the family.

(iii) The respondent nurses are not generally involved actively in the social activities in their neighbourhood or community. Only eight per cent were members of any mohalla or community organisations. Others reported lack of time (34%) or lack of interest (34%) as the reason for non-participation in such activities. They reported that teachers most often hold positions in the mohalla or community organisation and the reason is found in the status of occupation they hold.

## VII. Conclusion

Let us, at the end relate our analysis and findings with certain important issues, relating to the work and life of nurses, raised in the beginning and recapitulate the major conclusions and implications of our study.

First, although an overwhelming majority of nurses would like to assert that they joined this occupation for its mobility and social purpose, this assertion seems a make-belief and involves post facto rationalisation of their actions, in most cases. To

a certain extent it is reflected in the fact that a sizeable proportion of nurses, feel, in retrospection, that they could have been better off elsewhere. The other, more important fact that goes to ~~repute~~ the hypothesis of the nobility of occupation as the basis of choice of nursing occupation lies in the fact that nursing has been able to attract persons, almost solely from the classes with relatively low socio-economic status. It is, therefore, primarily economic compulsion and non-availability of employment opportunities in other occupations specifically suited for women, that make the girls from these families to join nursing. That a substantial proportion of them are working far away from their homes also suggests the force of compulsion in their occupational choice. It seems that most of the nurses are, first, obliged to work due to the need to supplement their family incomes, and then unable to find jobs which they would prefer, such as teaching and office jobs, opt for nursing.

Second, in the hierarchy of women specific occupations, nursing thus does not stand very high, as one may sometimes like to believe. Enrolments, though not very low, compare unfavourably with teaching and office jobs, particularly in view of the hard work and devotion required in nursing. But the other, and greater disadvantage faced by those opting for nursing is the dislocation of their conjugal life. A large number of them are unable to enter matrimony, and lead a normal family life, various reasons. On the one hand, they find it difficult to care both for the sick at the hospital and family at home, particularly when they have



often to keep odd hours, and on the other, the social values regarding nursing profession, unfortunately make it difficult for them to find suitable spouses. Not many 'respectable' families are willing to take a nurse as a daughter-in-law. Eulogizing the nursing profession as a noble profession in public, by which some of the women, particularly from the poorer families seem to be carried away, and refusal to accept those opting for this profession as one ~~of~~ the family, in the private, is perhaps one of the most cruel aspects of the general phenomenon of the contradiction between percept and practice in the Indian society. Even if the material condition of nurses improve by making their emoluments commensurate with their work, the social discrimination practised against them would continue to plague the profession.

Thirdly, there, however, seems little attention paid even to improve the material conditions of nurses. As pointed out earlier, their emoluments compare unfavourably with other jobs available to women workers, despite a higher degree of industry and devotion that their work requires. Other material facilities available to them are also inadequate. Their life time earnings are also likely to be low due to low increase in salaries and very limited opportunities for promotion to higher grades. While all these problems are well recognised, the efforts to remedy them are so halfhearted and few that one gets an impression that they are treated as a peripheral and marginal group of workers. They also seem to lack necessary organisations to press for their

demands, and are, therefore, not heard seriously when they make the demands for improvement in their conditions. Nature of their job and their being women probably came in the way of their being able to assert their demands boldly and get them fulfilled. It seems urgent that the Government takes the necessary steps on their own in this regard to prevent the nurses from becoming an increasingly more disadvantaged group of workers.

Fourthly, while the fact of their being earners does lend them a better status in their families, their being women prevents them from making it equal with the male members. While they have a say in matters of spending money for current household consumption, most of them do not have an important say in such crucial matters such as marriages in the family, education of children and purchase of property and even durable consumer goods. One suspects that if they were in occupations other than nursing, e.g. teaching or office jobs, they might have had better say in these matters, and, therefore, the disadvantage that they face is both of their sex and their occupation. Similar is the case with their status in the community and neighbourhood.

It is rather difficult to bring about rapid and radical changes in the values and prejudices prevalent in the society which tend to discriminate against nurses both as women and as an occupational group. But it should certainly be possible to improve their economic lot by providing them better emoluments, benefits and working conditions. This could reduce their disadvantage to a

a certain extent, provide them greater independence and self-confidence, which may also gradually lead to a change in social attitude towards them.



**EMPLOYMENT, INCOME AND CONDITIONS OF WORK AND LIFE OF  
NURSES : STUDY OF AN URBAN WORKING GROUP IN LUCKNOW.**

\*\*\*\*\*

**Questionnaire**

**I.**

**Personal Characteristics:**

1. Name ... \_\_\_\_\_
2. Address ... \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Mother Tongue ... \_\_\_\_\_
4. Marital Status ... \_\_\_\_\_
5. Religion or Caste ... \_\_\_\_\_
6. Native place
  - i. City/Town/Village  
(Please give name) ... \_\_\_\_\_
  - ii. District ... \_\_\_\_\_
  - iii. State ... \_\_\_\_\_
7. Education  
(Standard passed) ... \_\_\_\_\_
  - i. Subject Stream  
(Arts/Science/  
Commerce etc.) ... \_\_\_\_\_
  - ii. Training (Years) ... \_\_\_\_\_
  - iii. Diploma/  
Certificate ... \_\_\_\_\_
8. Father's occupation ... \_\_\_\_\_
9. Father's education  
(Standard passed) ... \_\_\_\_\_
10. Mother's education  
(Standard passed) ... \_\_\_\_\_

## II. Choice of Nursing Occupation

1. Did you do any other job before taking up nursing ? ... Yes / No.
2. If yes,
  - i. Title of job ... \_\_\_\_\_
  - ii. Employer ... \_\_\_\_\_
  - iii. Location ... \_\_\_\_\_
  - iv. Salary at Leaving ... \_\_\_\_\_
  - v. Reasons for leaving ... \_\_\_\_\_
3. Would you consider nursing your first choice ? ... Yes / No.
4. If no, what occupation would you have liked to go most ? ... (a) \_\_\_\_\_  
 (b) \_\_\_\_\_  
 (c) \_\_\_\_\_  
 (d) \_\_\_\_\_
5. Did you try for a job in these occupations before taking up nursing ? ... Yes / No.
6. Did you succeed in getting a job ? ... No. ☐  
 Yes ☐ but did not join due to (give reason)  
 \_\_\_\_\_
7. If you did not try for any other occupation, was it because :
  - i. You valued nursing as a noble occupation ? ... ☐
  - ii. THERE was no other alternative ? ... ☐

iii. Your parents  
advised you to chose  
nursing as your  
career ?

... ☐

iv. Any other influence ?

... ☐

8. In retrospect, do you  
today think that you  
could have been better  
off in some other  
occupation ?

... Yes / No.

9. If yes, why ?

... \_\_\_\_\_

III. 1. Details about present post

Title	Grade of pay	Total monthly emoluments	Since when on the present post

2. Have you ever been  
promoted ?

... Yes / No.

3. (a) If yes, please  
give details

Post	Grade	Requirements
i.		
ii.		
iii.		



4. When do you expect, if at all, your next promotion ? ... \_\_\_\_\_ years
5. What are the prescribed hours of work ? ... \_\_\_\_\_
6. Do you work in the hospital beyond these hours ? ... Yes / No.
7. Do you come to the hospital on holidays ? ... Yes / No.
8. Do you get overtime ? ... Yes / No.
9. Are there any government/management rule or regulations governing your conditions of service ? ... Yes / No.
10. If yes, are you satisfied with it ? ... Yes / No.
11. If not, what are the basic demands in this connection ? Please give details :
  - i. Free quarters ... ☐
  - ii. Subsidised food ... ☐
  - iii. Conveyance allowance ... ☐
  - iv. Housing ... ☐
  - v. Transport ... ☐
  - vi. Conditions of work ... ☐
  - vii. Work hours/periods of rest ... ☐
  - viii. Remuneration ... ☐
  - ix. Maternity leave ... ☐
  - x. Holidays ... ☐

- xi. Annual leave ... ☐
- xii. Attitude of supervisory staff ... ☐
- (a) General performance of work ... ☐
- (b) Work - load ... ☐
- xiii. Any other demand ... ☐

**IV. Employee/Employers Relations**

1. Are you a member of a trade union ? ... Yes / No.
2. Apart from organisations mentioned above, are you a member of some other organisations which are concerned with the improvement of working conditions ? ... Yes / No.
3. If yes, please name it... \_\_\_\_\_
4. During the last five years what have been your grievances and how have you channelised to get them redressed ? ... \_\_\_\_\_
5. Was there any strike during the last five years ? ... Yes / No.
6. In latter case, please give the history of the strike ... \_\_\_\_\_
7. What are your suggestions for improving : \_\_\_\_\_
- (a) Staff relations ... \_\_\_\_\_
- (b) Redressing grievances ... \_\_\_\_\_
- (c) Professional organisations of nurses ... \_\_\_\_\_

V. Family Structure and Levels of Living

Members	Relation with you	Age	Sex	Education (Standard passed)	Activity Status *	If working wage/salary casual or self employed	Where working	Monthly earning
1	2	3	4	5	6	7	8	9
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

\* i. Child; ii. Student; iii. Retired; iv. Housewife;  
v. Working; vi. Unemployed.

1. Assets:

i. Agricultural land and property	...	Rs. _____
ii. House	...	Rs. _____
iii. Investments certificate/Bonds/Shares	...	Rs. _____
iv. Interest from bank deposits	...	Rs. _____
v. Any other	...	Rs. _____
<b>TOTAL</b>		<b>Rs. _____</b>



2. Expenditure PatternA. Food

i. Foodgrains	...	Rs.	_____
ii. Pulses	...	Rs.	_____
iii. Milk and milk products	...	Rs.	_____
iv. Vegetables	...	Rs.	_____
v. Edible oils	...	Rs.	_____
vi. Meat, egg, fish	...	Rs.	_____
vii. Salt and spices	...	Rs.	_____
viii. Sugar	...	Rs.	_____
ix. Others	...	Rs.	_____
TOTAL		Rs.	_____

B. Clothing

i. Clothing	...	Rs.	_____
(a) Ordinary	...	Rs.	_____
(b) Festivals (Marriage, Diwali etc.)	...	Rs.	_____
TOTAL		Rs.	_____

C. Rent

i. Monthly rent	...	Rs.	_____
ii. Fuel and light	...	Rs.	_____
TOTAL		Rs.	_____

D. Education

- i. School and tuition fees ... Rs. \_\_\_\_\_
- ii. Books and journals ... Rs. \_\_\_\_\_
- iii. School uniform and sports-wear etc. ... Rs. \_\_\_\_\_
- TOTAL Rs. \_\_\_\_\_

E. Health Expenditure

- i. Doctors and medicines ... Rs. \_\_\_\_\_

F. Miscellaneous

- i. Recreational activity ... Rs. \_\_\_\_\_
- ii. Conveyance ... Rs. \_\_\_\_\_
- iii. Domestic help ... Rs. \_\_\_\_\_
- iv. Any other ... Rs. \_\_\_\_\_
- TOTAL Rs. \_\_\_\_\_

3. Savings

What percentage of your annual income goes to:

- i. Provident Fund ... %
- ii. Jewellery ... %
- iii. Provident Fund-cum-insurance ... %
- iv. Deposits in post office/bank ... %
- v. Insurance policy ... %
- vi. National Saving Certificates ... %
- vii. Any other ... %

#### 4. Indebtedness

- i. Amount borrowed ... Rs. \_\_\_\_\_
- ii. Purpose of which borrowed  
(Marriage, other ceremonies) ... \_\_\_\_\_
- iii. Rate of interest ... \_\_\_\_\_ x
- iv. Nature of lending agency ... \_\_\_\_\_
- v. Present position ... \_\_\_\_\_

#### VI. Status

1. Do you think that your status in the family is higher because you work ?... ☐

2. Do other members of the family think that your status is higher because you work ?... ☐

3. What role do you play in the following decision making in the household ?

Decision on	You take decision	You take decision but consult others	Others take decision but consult you	You are not in the picture
1. Marriages				
ii. Education of the children				
iii. Buying property				
iv. Buying durable consumption goods				
v. Allocation of household income on different consumption items				



4. Are you a member of any organisation in your Mohalla/Community ?

... Yes ☐  
No ☐

5. If no, why not ?

... \_\_\_\_\_

6. If yes, for how long? ...

\_\_\_\_\_ years

7. Do you hold any executive position in the organisation ?

... Yes ☐  
State the position \_\_\_\_\_

No. ☐

8. If no, please give occupations of the two persons holding the most important positions (say President and Secretary)

1. \_\_\_\_\_

2. \_\_\_\_\_

9. What, in your view, is the advantage of these persons, above others, to hold these position.

- ... 1. Personal (Personalit, sociability)  
2. Economic status (property, higher salary etc.)  
3. Occupation in which they work.  
4. Record of social work.  
5. Any other.

10. Investigator's remarks :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Investigator